

THE INDIAN , HOMEOPATHIC REVIEW.

A Monthly Journal of Homeopathy and
Collateral Sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute
medicine. — HAHNEMANN.

VOL. XXI.]

JANUARY 15, 1912.

[No. 1.

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benefited much by coming in contact with such eminent men as Drs. Clarke, Burford, Dudley Wright, Wheeler, McNish, Roberson Day, Knox Shaw, Sutherland, C. E. Fisher, Honan, Packard and others. It was a pilgrimage for the cause of Homeopathy. The Homeopathic Hospital building has been finished and we hope to begin work immediately. With such propitious signs we begin the work of the new year. Once again we extend our sincere wish for a happy new year to all our readers and subscribers.

J. N. M.

TRAINING OF HOMŒOPATHIC MEDICAL MEN.

In this country there are a few homeopathic schools where our students get homeopathic medical training. In these institutions they also get elementary education in Anatomy, Physiology and Chemistry and other collateral branches of the medical science. Besides, they get a thorough training in homeopathic Materia Medica and Practice of Medicine.

The only defect of these schools is the want of clinical instructions at the bedside of patients in regular hospitals. We rejoice to see that this defect will be soon remedied by the opening of the Calcutta Homeopathic Hospital this year. Here the students will have open access to the bedside of the patients where some competent doctors will be in attendance to impart sound clinical instructions.

The hospital authorities have not been approached by the proprietors of these homeopathic medical schools to make proper arrangements with regard to this training affair. But in the course of a few months it will be done. There is a talk about the expenditure of this newly built hospital being met by subscription raised from among the members of the

managing committee of the hospital and it is also being advised to raise a portion of the money from the school authorities as compensation for the students' clinical instructions. This is a fair way to get assistance for the maintenance of the hospital, and we trust the school authorities will gladly contribute to it. In this hospital, we understand, both medical and surgical cases will be admitted and there is ample provision made for a separate ward for gynecological cases also. So our homeopathic training will be complete in every branch of medical study. We think the sooner it is done the better.

By way of advice we should like to say something to the school authorities. There are several schools here in this city where homeopathic training is at present imparted. We don't think there is, strictly speaking, any necessity to have so many institutions. The state of these schools is not so prosperous. By division their inherent strength has become weak. If all these are combined and if they start up a big, well equipped college, the training capacity will be greatly augmented. It will then be a college worthy of the name and reputation of the scientific system of treatment enunciated by the illustrious and immortal Samuel Hahnemann. For the sake of homeopathy and the reputation and the good name of our country we ask our colleagues to join hands and do this truly beneficial work for the lives and health of human beings under the care of homeopathic physicians. Our medical training will also be complete. If they do not follow our very useful advice on this subject, the medical education of homeopathic doctors in this country will be defective and their name and reputation will consequently suffer in the estimation of the public. These institutions, we sincerely believe, have not been started for monetary gain by their originators but for the sound and practical training of homeopathic students.

So, we hope, our recommendations for bettering the condition of these institutions will be accepted by their authorities. In all fairness we ask them to come forward and act up to our advice.

P. C. M.

COUGH.

Cough is a very troublesome symptom. It is an accompaniment of many diseased conditions. This year the winter is so very severe that it seems as if a cold wave is passing over us. We got many cases of cold and cough. For the convenience of our readers we give here a few prominent cough remedies and their symptomatic indications without which this troublesome complaint has never been thoroughly cured.

Aconite—Cough is generally dry, hacking, clear and ringing caused by exposure to dry cold air. Generally aggravated in the evening and at night, by cold air and drinking cold water. If there is fever and restlessness present, it is much more indicated.

Antimonium Tart—It is another very important remedy in cases of cough. It has, unlike aconite, been used in cough not dry but loose. Rattling of mucus in the chest, which cannot be raised easily. It is very useful in old people and young children. In Bronchitis, Pneumonia and other respiratory affections, where it has become chronic, Antim Tart is useful. Lower potency and frequent doses, when cough is comparatively dry.

Belladonna—It is useful in dry teasing cough, spasmodic in nature. There is little or no expectoration. Aggravated at night and after cold food and drink, slight fever with small frequent pulse and moist skin, congestion of chest and sore throat. Pain in the chest. It is an efficient remedy in incessant cough of phthisical patients.

Bryonia.—It is the sheet anchor of our cough remedies. It has mostly a dry cough, but there is some sputa brought out after exertion with pain in the chest and stomach. Cough aggravated by going from cold into a warm room, on movement and deep breathing and ameliorated by rest and lying on the painful side.

Drosera.—Deep sounding spasmodic cough with vomiting. Continued cough making the face and eyes blood shot. Aggravated by smoking, talking, and at night, especially after midnight. It is a tickling cough. It has a laryngeal cough like *Causticum*, *Hepar sulph* and *Lachesis*.

Hepar s..—Hoarse cough, loose, wheezing in chest caused by exposure to cold, the patient takes cold easily, ameliorated by keeping warm or wrapping with warm covers.

Ipecac..—Both dry and loose cough. Spasmodic in character. Rattling with wheezing and difficult respiration, sputa blood-streaked. Persistent nausea and vomiting of glairy mucus.

Kali carbon..—Exhausting cough with purulent and bloody expectoration. Aggravated in the latter part of night at 3 A. M., by warm food and drink, stitching pain in the right chest and back. It acts admirably in chronic cough.

Lycopodium..—Dry cough day and night. Sometimes profuse gray yellowish and salty expectoration. Aggravation in the afternoon from 4 to 8 P. M. and in alternate days. There are dyspeptic symptoms with wind in the abdomen and red sand in urine.

Nux vom..—Dry and moist fatiguing cough. Aggravated in the morning and after eating and drinking, and mental exertion. It is useful in constipated subjects with sedentary habits.

Phosphorus..—Dry tickling and troublesome cough. Loose cough with muco-purulent expectoration. Ameliorated by

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lying on the right side. Aggravated by going from a warm room to a cold place, from evening till midnight and by lying on the left side.

Pulsatilla.—Loose cough with copious expectoration, sometimes dry cough. Aggravated in the evening and on lying down.

' . Rumex.—Mostly throat cough, dry, incessant with tickling in the throat. Aggravation evening and night, and by speaking and inhaling cold air. Better in warm room.

Spongia.—Dry, hoarse and barking cough. Aggravated in the evening and by talking. Better by eating and drinking warm water.

Stannum.—Loose cough, copious expectoration. Thick yellow or greenish sputa. Sweet or saltish taste. It is a very good remedy in pneumonic phthisis.

Sulphur.—Short and fatiguing cough, worse at night. Greenish and bloody expectoration. Aggravation from talking and eating. Better by sitting up.

Tuberculinum.—All kinds of cough. At the beginning dry and later loose with profuse mucopurulent expectoration. It is very useful in phthisis pulmonalis.

We have used this remedy in extreme cases of phthisis pulmonalis and even where the patient succumbed from the advanced stage of the disease the cough was very much reduced.

P. C. MAJUMDAR, M. D.

SANITATION IN INDIA.

THE CRY OF THE SPECIALISTS.

The following is the text of the letter addressed to the "Times" by Dr. W. G. King, former Sanitary Commissioner of Madras, Professor Ronald Ross of Mosquito fame and Professor W. J. Simpson of King's College, former Health Officer of Calcutta :—Sir,—It would be within the expectation of the people of India that the visit of the

King should be marked by a reform in administrative measures that shall prove of permanent benefit to all races and castes, rich and poor alike, throughout that empire. There has been an absence of suggestions to this end, but the great cause of prevention of disease—one of the most potent factors in staying political unrest and in encouraging economic development—has received no attention. This is certainly not because there is no scope in India for the late King Edward's dictum as to disease—"if preventible, why not prevented."

By a process of exclusion, it has been estimated by the Government of India that of the average four and a half millions of deaths yearly registered in British India under the loose term "fevers" one million may be safely ascribed to malaria. Little idea of the perennial economic loss which results to the country can be gathered solely from contemplation of the total deaths from a disease which in the individual repeatedly produces disability to labour, slowly saps mental and physical powers, and renders its victim easy prey to intercurrent affections. But if the influence of period of sickness be also considered, and it be assumed (as is not the case) that the poorest of the working classes alone are affected, it is probable that the total unproductive expenditure by the people of India on account of this disease cannot be below 20 million pounds yearly. About 450,000 perish yearly from cholera.

To plague, the continued presence of which has attracted some desultory attention in Great Britain, have fallen victims about the equivalent of one and a half of the entire population of Scotland or Ireland.

Such enormous loss of human lives from plague and malaria and the incidental influences upon the "producer" of the population must represent a severe handicap upon the long-delayed industrial development of India. In the Punjab it has been recognized that even normal agriculture has been restrained, whilst recruiting amongst the manly races of this province has been continued with difficulty. The recent Census has shown that during the past decade there has been for India, as a whole, a net intercensal increase of 7.0 per cent

of the population, whereas for the Punjab and United Provinces there has been an actual decrease of 1·8 and 1·0 per cent, respectively. Irrespective of potential lives thus lost the decrease represents on the former population of the Punjab, including Native States in that area, 583,000 lives.

What efforts are being made to stem this fearful waste of human life, and are they adequate and in the required direction? In endeavouring to answer these questions we would at once make it clear that we recognize in recent increases of grants to Provincial Governments for sanitary works in the appointment of experts for research as to malaria and plague and in the devoted and unselfish labour of district officials in contending with plague that there is room for belief that the sanitary requirements of the people of India are receiving increased attention. But, whilst the results of research work in the case of plague have proved of utility so far as can be expected at the hands of the heterogeneous prevented staffs entertained and would be of utility in the case of malaria were there any immediate prospect of these being practically applied, nevertheless we are convinced that the treatment of sanitation, as a whole in India is of the nature of a mere veneer to administrative efforts.

Although parts of certain provinces form an exception to the rule, practically systematic and permanent sanitary supervision by Executive staffs is limited to the populations of municipalities, which amount to about 18 millions of the total 244 millions in British India. Indeed if it be roughly assumed that the agricultural classes (forming 66·5 per cent. of the total) reside in rural areas it may be said that not only do these great contributors to the total revenue lack the advantage of organized sanitary supervision, but the most simple systems of conservancy, with consequent pollution of their water supplies whilst the reporting of and instant dealing with epidemic diseases in the all-important stage of origin rests with no better agency than overworked Revenue subordinates—as probably was the case 300 years ago.

It is true that there is a Sanitary Commissioner with each local

Government and that districts which may average 7,000 square miles are each provided with a single civil surgeon who in addition to his medico-legal medical and surgical and gaol duties at head-quarters, and administration of numerous hospitals in rural areas is the health office, local superintendent of vaccination and local sanitary adviser of all departments of Government in his district. It is also true that there are local boards and subordinate local boards galore for the administration of funds which, if their methods of allotment be a criterion, they believe, by right belong to education and communications although by charity and concession a remnant may be bestowed on sanitation.

In short in the absence of an executive sanitary service performing its functions not only in urban but in rural areas, the whole sanitary administration of India must perforce be merely a great talk and report-making machine. It would be just as reasonable to enrol officers for a regiment and forget the privates as to attempt the application of practical sanitation amongst a population of 244 millions with the skeleton organization thus indicated.

In our opinion to the absence of an embodied executive sanitary organization must be largely ascribed the failure to deal with malaria, except in isolated localities, the facility of spread of cholera and small-pox, and the official dealing with plague incidence in towns and villages—so long after its introduction that the strenuous efforts made to repress it with scratch staffs of untrained subordinates result in disappointment and financial waste.

As men who have dealt practically with sanitation in India, we are not unaware of the well-worn objections expressed by the Imperial and local Governments as regards the danger of entertaining an organized executive sanitary service, and which, repeated as axioms from decade to decade have hitherto impeded advance—the disturbance of caste feeling—a puerile objection to those acquainted with the hygiene of caste and the obvious precaution of recruiting Indians of the races and castes dealt with for executive duties; the absence of funds—in objection that would naturally disappear if funds were reasonably distributed and sanitation were afforded some-

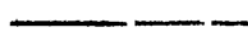
thing more than the crumbs left by more officially popular departments of Government ; the educating of the people as a preliminary to their appreciation of applied sanitation is practically deferring the whole question to the millennium, and is unnecessary, for as a fact the people of India have at all times shown gratitude for sanitary work when conducted on reasonable lines and in conformity with caste and race requirements.

But "the great weapon of offence" against the advance of sanitation in the hands of lay officials, who are apt to forget that the India of to-day is not that of 40 years back, is that such an organization *might* oppress the people. Yet there is on official record in the Madras Presidency, where an executive sanitary service is sufficiently advanced to afford a test, distinct proof, after prolonged investigation, that whilst with scratch staffs not together during epidemics irregularities may occur, with men who have elected sanitation as a career after special education and the gaining of certificates of qualification recognized by Government, no such results need be apprehended.

No less urgent than the appointment of an organized sanitary staff is the necessity for providing funds for sanitation on some other than the existing haphazard method. This requires no more power of making a speech once yearly at the Budget meeting of the Legislative Council, but the position of influence in finance which a membership on the Viceroy's Council would bestow. There can be no doubt that the best arrangement in the interest of sanitation is a separate Sanitary Commissioner with the Government of India, provided he were independent of the Director-General of the Indian Medical Service and a member of the Viceroy's Executive Council. But as matters stand at present, should there be hesitation to fill the vacant post of Sanitary Commissioner with the Government of India on these lines until a well-considered scheme of sanitary reform has been devised, then the best temporary means of securing financial means and control would be by appointing the Director-General of the Indian Medical Service Member for Public Health, and giving him as his sanitary adviser a secretary who should be a

well-paid officer selected from existing Sanitary Commissioners with local Governments. The functions of this secretary should not be that of writing reports in Simla, but of personal conference with local Governments and their Sanitary Commissioners, so that the comparative financial necessities of sanitation in various parts of the country shall be duly weighed by expert officers before Budgets are framed by the Imperial and Local Governments.

Were the two reforms above suggested in sanitary organization carried out, it should be possible to show before the next Census so marked a fall in preventible mortality, that the people of India will date the days of health and prosperity from the year of the Coronation Durbar of their Emperor George V. — *The Bengalee*.



MATERIA MEDICA NOTES.

Urtica urens is a good remedy for suppression of milk, failing *Pulsatilla*.

Ricinus is also very useful in cases of suppressed milk. In our country women use the leaves of castor oil plant as poultice or fomentation for suppressed milk with desired effect.

Suppressed milk in a rheumatic subject requires *Causticum* as the best remedy and must be given in high potencies and in frequent doses.

We had a case of a young lady of robust constitution suffering from suppressed milk, the breast was natural in size and there was no engorgement of milk. She was taking her nourishment well. *Pulsat* had no action, *urtica urens* did her good.

Epileptic fits better while riding in a carriage indicate Nitric acid. *Cocculus* is also useful in such cases. We have good effects from *Lachesis* in cases of weak heart, taking deep breath from time to time, with sobbing and stretching. A young girl who used to study hard for her examination, had deep

breathing at certain intervals as if she was out of breath. We gave her an occasional dose of Lachesis 200, and cured her in three months.

Another case, a young boy of fourteen, otherwise strong and well-built, had shortness of breath. Several medicines had been tried, but Lachesis high ultimately cured him.

After Typhoid fever, profuse sweat and profound weakness, Castorium is the medicine. In exhaustion, whooping cough and asthma of drunkards use Mephites.

Anemia, intense headache, nausea and fetid vomiting—Lac defloratum.

Tubercular weakness, chill, hoarseness, soreness in back and chest, dry cough, stitching now and then. Oleum jacoris aseli is the remedy. We use the 1x trituration in such cases.

In umbilical hernia when Nux v. fails, Cocculus will be the right remedy. We derived much benefit in such a case in a young boy of eight years of age.

Complaints are aggravated from sun heat, and gas light and great debility from heat of summer. Natrum carb is useful.

Baryta mur—In ear troubles this medicine is very important. Eustachian tube is abnormally open. Tonsils are enlarged and congested. Crackling sound in the ear when swallowing or sneezing, scrofulous glandular swelling.

Zincum met. is useful in atrophy of the testicles and orchitis from bruise. Pain in testicles goes from right to left. It is also useful after checked gonorrhœa. Cedron is to be given in various neuralgic conditions of the eye, especially of supraorbital nerve. Pain across the eyes from temple to temple. Severe shooting pain in the left eye, worse in the evening and on lying down.

P. C. MAJUMDAR, M. D.

SOME NATURAL METHODS OF HEALING

I.—THE SEA-WATER CURE.

We have seen such wonderful accounts of the successful results of treating diseases with sea-water in the daily papers, this summer, that some little consideration of the matter merits our attention. The use of isotonic plasma, and of sea-water was discussed at the Homœopathic Congress, which was held in London in July.

The Lancet contained an account of a severe case of fever, and toxæmia, of uncertain origin, which was not influenced by medicine, but which recovered after sea-water injections.

Dr. Percy Wilde, of Bath, observed that it improved the nutrition of patients, as shown by a gain in weight, and by a rise of temperature from subnormal to normal. He also found that one dessert spoonful of sea-water in water taken three times a day before meals, acted as a tonic, and had a marked effect in clearing up chronic nasal catarrh.

The improvement recorded in treating infantile summer diarrhœa is, according to the *Daily Mail*, nothing short of marvellous.

In Paris, where children are not taken in the sea-water dispensaries until they are *in extremis*, the mortality in infantile diarrhœa is said to be 3 per cent only.

In adults it is useful in mucous colitis, gastric atony, anæmia, constipation, and neurasthenia. It is useful as a cure for skin diseases in both adults and children.

There is one dispensary in London, at 57, Poland Street, Soho, W., where sea-water injections are given, and although it was founded to check infant mortality, adults may also be treated there.

Four years ago, Professor Quinton, of the College de

France, evolved the idea of a sea-water cure, arguing back to the first appearance of animal life. As this occurred in the sea, he maintained that the animal organism is a sea-aquarium, in which its constituent cells continue to live under the aquatic conditions of their origin.

Dr. Robert Simon, of Paris, drew attention to the subject, in *The Medical Annual for 1910*; and he observed that sea-water plasma is twice as active as normal saline solution, and that it loses much of its activity when heated. The sea-water, therefore, must not be sterilised. It is collected 20 or 30 miles from the shore in sterilised bottles. Before use it is mixed with sterilised spring water in the proportion of two parts sea-water and five parts spring water.

The amount of this mixture which is injected subcutaneously is from one-ounce upwards every other day, and the injection should not give rise to fever or any general malaise.

II.—LACTIC ACID TREATMENT.

At the meeting of the British Medical Association Dr. Grunbaum, of London, emphasised the advantage which Metchnikof's bacilli possessed over antiseptic drugs, that the bacilli formed lactic acid at the place where it was wanted; whereas, antiseptics given by mouth were, for the most part, absorbed in the stomach.

He said it was wise to choose the *Bacillus bulgaricus* rather than any of the group of lactic-acid-forming streptococci.

The diet should be rich in carbo-hydrates during the first four days of treatment, and full doses of malt extract should also be given. It was wise to warn the patient that flatulence might result at first.

The preparation of sour milk should, when administered, just have reached the stage of being curdled. In this condition it contained numerous active bacilli, and was not too acid to be pleasant.

THE HOMEOPATHIC TREATMENT &C.

At first one-third of a pint of milk should be taken three times a day for four or five days. Afterwards, a quarter of a pint twice daily would be sufficient, and no unpleasant symptoms should follow. The cases likely to benefit by the treatment were :—(a) Conditions in which micro-organisms pathogenic to the mucous membrane could not flourish in an acid medium. Mucous colitis cases improved wonderfully. (b) Case in which toxins produced by putrefactive micro-organisms were absorbed with too much ease.

—*Modern Medicine.*

THE HOMEOPATHIC TREATMENT OF MENTALLY AND PHYSICALLY DEFICIENT CHILDREN.

BY P. R. VESSIE. M. D., Cleveland, O.

Case No 1.—Female, age 11. A fair blonde of a very beautiful and striking appearance but inclined to obesity. A suggestion of "pot-belly." Digestive apparatus sluggish. Could not speak, uttering a mere baby talk. Pretended to read from books, but everything was simply imagination. Could not distinguish one letter from another. No association of thought. Employed stereotyped sentences. For instance. "Am I not a nice girl, doctor?" Seeing an automobile she would say repeatedly, "An automobile, doctor?" Unable to write.

Nux vomica 3x removed the intestinal symptoms. Calcareo carb, 6x placed her in physical equilibrium. Arsenicum iodide 12x and 30x was given for her mental backwardness. Under this medication she was given an impulse to learn to write. After the initial difficulties were overcome by a certain systematical instruction she was very eager to learn, and was proud of her accomplishments. Her penmanship was of a graceful style. The baby talk disappeared and she

gradually began to read. Arithmetic was very difficult for her to master.

She had a very poor memory for writing dictation. Oxytropis Lamberti 1x to 2x administered faithfully for a month improved her memory wonderfully. She was sent to school, and is now pursuing her studies "marvelously," to use the word of her mother in her correspondence.

Case No. 2—Age 9. A very amiable girl. Microcephalus, blue eyes, auburn hair and delicate skin. Her parents had placed her in a state institution for feeble-minded. Infantile diarrhœa, slight salivation and mental dullness. A very offensive odor, however, which seemed to emanate from the entire body of the girl, made her most repulsive to everybody. In consequence of this she was isolated and neglected. Frequent baths did not eradicate the objectionable odor. For this latter complaint psorinum 40m was given to the child on advice of Dr. J. Richey Horner. One dose daily for three consecutive days was given and the odor left as if by a magic spell. Calcareo phos. 6x was administered for the cadaverous odor from the stool. The same became extinct in three to four weeks. Natrum mur. 12x eradicated the salivation. Enuresis was promptly relieved by means of drop doses of the tincture of belladonna. Schooling was then instituted.

Case No. 3.—Male, age 12, an amaurotic idiot. Obese and flabby. Testicles and penis undeveloped. Could read very little, and was afflicted with an impediment in his speech. Unable to write. The boy had a wonderful gift to imitate peculiar sounds and the noises of many animals. Strabismus. Notched teeth. Left-handed. He was under tutorship for two years prior to taking the case..

Calcareo carb. 6x developed his mental faculties. It bettered his speech, he learned to write and gradually displayed a good memory. Then aurum met. 12x was

administered and his atrophic sexual organs grew to a normal size. Incidentally, his cruelty toward animals disappeared under aurum. A profuse lachrymation and salivation disappeared promptly under natrum mur. 6x and 12x. An inclination to protrude the tongue also ceased.

The use of the right hand in writing, etc., was established. This case was dismissed and lost track of on account of the hysterical attitude of his mother.

Case No. 4—Age 8. A frail, timid and light complexioned girl. Weakness inherited from her mother and father. Played with dolls for hours and mumbled to herself. Afraid to walk up and down stairs. Became hysterical when compelled to do so. Could neither read nor write. Her speech was unintelligible. No appetite. Enuresis. Emaciated and sallow. Left-handed. Father had consulted many authorities and considered her a hopeless case.

Natrum mur. 6x and silicea 12x administered for about three months. She made absolutely no progress during this time. Her father was in despair. In the meantime belladonna (low) relieved her immediately of the enuresis.

But, suddenly after this prolonged quietus, she began to read, write and articulate correctly. When writing, however, she omitted vowels and wrote words backwards. She wrote with a tremor, but it gradually disappeared from the handwriting. The use of the right hand was encouraged.

Silicea was continued. At the end of the sixth month she began to speak complete sentences. At about the end of the ninth month the child was placed in the second reader of a public school. The following summer vacation the study of arithmetic was taken up privately and with success. The girl is now like other so-called normal children, although somewhat frail.

Case No. 5.—Female, age 16. Tall, graceful and dark

complexioned. Nervous, timid and defective in speech. Cessation of menses for four years. Many apparently indicated remedies were tried for the suppression without results. Then ferrum iodide 12x was administered t. i. d. This remedy was selected from the Repertory of the Biöchemic Treatise, by Dr. Eric Graf Von der Goltz. On the morning of the fourth day she awoke with an eruption over her entire face and neck. In appearance it was dark-red and mottled. Itching was excessive. Very restless. The menstruation also made its appearance. By the introduction of this rash discovery was made of a history of a tropical eczema while at Porto Rico four years ago. Her father, a minister, stated that it was diagnosed as such by the physician on that island. These Spanish physicians had applied some ointment on the eruption which was seemingly cured, but was immediately followed by a suppression of her menses.

The suppressed eruption disappeared in about two days. Four weeks thereafter the flow did not appear as was expected in spite of the continuation of ferrum iodid 12x. On advice of Dr. Eric Graf Von der Goltz the remedy was given in the 30th with prompt and successive periods. The girl's disposition changed rapidly. The speech defect was removed by instruction.

—*The North American Journal of Homœopathy.*

TREATMENT OF APPENDICITIS.

P. C. MAZUMDAR, M. D.

Ammonium—Stitches in the cæcum at 7 P. M., alternating with pain elsewhere. Dr. Clarke says "This should make it appropriate in some cases of appendicitis."

Baptisia—Soreness of abdominal muscles and in right iliac region."

Colchicum—Luco-phlegmatic temperament, extreme prostration

rheumatic subjects. Bowels loose. Dysenteric stools, blood and mucus, pain in rectus abdominalis.

Crotalus is used in cases of utter prostration, when peritoneum is profoundly affected ; weeping mood, agony and despair.

Echinacea august has some abdominal symptoms which go to prove its efficacy in cases of appendicitis and diseases from exposure to cold. Darting shooting pains in abdomen come and go suddenly and are ameliorated by bending double. It has the reputation of being a good typhoid remedy.

Ginseng is said to be a remedy for this disease. Pain in right side of the hypogastrium extending into the groin, cold and chilliness with fever. Bruised pain.

Iris tenax may be used in appendicitis. Tender spot over the ilio-cæcal region and bowels did not act for ten days. Dr. Clarke recorded a case of appendicitis cured by it. Most remarkable symptoms no doubt were fearful pain in the ilio-cæcal region and the hard chill at 2 P. M.

Lachesis—Dr. Clarke says “Lachesis is one of the most prominent remedies in appendicitis. The general characteristics will guide here.” Abdomen is hot and sensitive and distended. Tearing and cutting pain in the right side of abdomen aggravated by touch and pressure. Obstinate constipation. Predominant chilliness and fever. Typhoid condition.

Plumbum—Obstinate constipation, colicky pain, retraction of abdomen, tympanitic distention, severe pain in abdomen and slow fever, all point to Plumbum as a good remedy for appendicitis. Nash reports a case of a man of 70, attacked with severe pain in abdomen, and finally a large, hard swelling developed in ilio-cæcal region very sensitive to contact or least motion. It began to assume a bluish tint, and on account of his age and weakness the man's life was despaired of and Plumbum 200 cured.

Rhamnus cath.—Very useful in constipation, violent rumbling and griping especially cutting pain in ilio-cæcal region and the transverse colon, abdomen hard. All these symptoms seem to point to it as a possible remedy in cases of appendicitis.

Tuberculin has been praised in cases of appendicitis in tuberculous patients or in cases where the indicated remedies fail to act. Obstinate constipating pain in the region of appendix vermiformis. Perforating ulcer in the intestines. Fever and shivering.

ASAFŒTIDA.

(*Continued from page 112, No. 4, Vol. XX.*)

Asafoetida is oftentimes very useful in supra-orbital neuralgia where the patient feels a severe boring, throbbing pain across the brows. This pain is worse at night and better from rest and pressure.

It is also indicated in extensive ulceration of the cornea with burning, stitching and pressing pains from within outwards ; here also we notice the same characteristic feature of relief from rest and pressure and aggravation at night.

Asafoetida has cured quite a few cases of Iritis where it was the effect of abuse of mercury and syphilis. It has saved many a people from the terrible ravages of syphilis and if we want to make use of it in this especial sphere we must have to discriminate and differentiate, for the superior Homeopathic prescribing depends mainly on fine and delicate differentiation and discrimination. It acts on the bones, especially the shin bones, where it produces periosteal inflammations resulting in ulcers. These ulcers are very sensitive that is why these patients cannot put on any dressing. They discharge a thin fetid ichorous fluid.

Now I will close with a few words on its stomach symptoms. The patient feels a strange pulsation in pit of stomach with an empty, all-gone feeling at about 11 A. M. In this it resembles Sulphur very much.

CHAMOMILLA.

[Diarrhœa, fever, difficult dentition, toothache, Earache, Convulsion, Rheumatism, Difficult labor, Puerperal peritonitis, Cough &c]

Chamomilla is a plant which is also called by the name of Corn-Fever-Few. It grows in uncultivated fields, among wheat and corn, especially in sandy regions all over Europe. The plant grows to the height of one to two feet. It was first proved by Hahnemann.

The juice is extracted from the whole plant when in flower. The extracted juice is then mixed with an equal part by weight of alcohol.

Here we have to deal with the ugliest remedy in our Materia Medica—ugliest in the sense that no body likes the company of our Chamomilla patient. If it is the husband, the wife soon gets tired of him ; if it is the father, the child is afraid to approach him, he is so snappish ; and if it is the child, the parents and every body else in the house would rather have him dead. These patients don't know what they want, they are unhappy and they make every body else around them so. The Chamomilla patients, especially those among them that are young, want this, want that, want things that are very hard to get, which when offered they would throw away with due disdain and discourtesy. In this Chamomilla resembles such remedies as Ant. tart, Cina, Anti crud and Iod. They are all peevish and irritable but it is not at all hard to find out the lines of demarkation between them. In Antim tart there is often the complication of rattling cough, the cold, blue, pale face, the irresistible sleepiness and the tendency to vomit.

In Cina, the symptoms of worms are very prominent—the canine hunger, the sickly white and bluish appearance

around mouth, the pitiful weeping and whining, the screams and starts during sleep, the ever-present digging and boring at the nose, speak in language more definite and impressive for the prescription.

In Antim find the red strand of a thick milky white tongue indicative of gastric derangement, the longing for acids and pickles, the cracks at the labial commissures, the crusty nostrils, come in to disperse the prescriber's doubt and confusion of mind. Unlike the Chamomilla patient he is quite unwilling to be touched or looked at, far less to be carried about. He is happy when he is neglected.

The Silicea child is a scrofulous rachitic child with open fontanelles and sutures, much sweating about the head and distended abdomen.

There is a remedy in our Materia Medica with just the reverse symptoms. The patient is extra jolly, laughing, dancing and whistling; she turns very affectionate and in the overflow of her feeling she wants to kiss every body. This alternates with the reverse symptom of crankiness.

The other moral symptoms of this remedy are—

Repeated attacks of anguish in the day time; anguish as if he had to go to stool. Tremulous anguish with palpitation of the heart, weeping uneasiness. It will certainly pay to remember them.

Chamomilla is again one of our best pain-killing remedies but not in the sense in which our friends of the other school use morphia and such other benumbing drugs. It simply cures the pain. Many a time and oft have I seen the most distracting pain leave under the influence of a single dose of Chamomilla. The pain here is simply unendurable. It drives the patient to despair. Hahnemann says—"It is their peculiarity that they are worse at night when they often drive one to the border of distraction not unfrequently.

accompanied with unquenchable thirst and heat and redness of the cheeks ; also with hot sweat on the head and scalp." This is a general statement that holds good in Chamomilla pain, wherever it may be, tooth, ear, abdomen, heart etc. But there is one thing of all things that distinguish our Chamomilla pain from the pain of other remedies. That is *numbness* that always accompanies the pain. There are only a few remedies in our materia medica where there is numbness with pain. They are Acon, Rhustox, Piat, Kalmia, and Gnaphalium. It is not at all hard to make distinctions between them.

In Aconite the pain is just as intense but with the pain and numbness there go tingling and formication. There will be that constant fear, the anxiety, the restlessness, the thirst to tell the tyro the easy distinction between Acon and other remedies.

In Rhustox pain, numbness is the most characteristic feature. The patient tosses about but not in the agony of the Acon patient. There is temporary relief from movement and it is simply for that relief that he is restless.

It is the easiest thing in the world to distinguish the pain of Platinum from that of Cham, for with Platinum the pain increases gradually and decreases just as gradually. The mental atmosphere of Cham is totally wanting while the sexual sphere is more prominent.

Kalmia is useful in acute neuralgia, rheumatism and gouty complaints, especially when heart is involved as sequelæ. The pains are stitching, darting and shooting. They move in a *downward direction* and are attended with or succeeded by *numbness of the affected part*.

It we had known of no other use of Cham but that its application in infantile green diarrhœa, we would have been more than amply repaid. It has saved millions and

millions of babies all over the world from the terrible clutches of merciless Death.

Our friends of the other school are not great hands in healing such sickness, for to them the minute differentiations that we homeopaths make are wanting. It is in cases like these that we vindicate the superiority of our science, I mean the science of Homeopathy. It is only lately that I had such an opportunity. A little baby, aged 3 months, got very sick with summer diarrhoea. The parents, both staunch homeopaths, unfortunately as circumstances would have it, called in the local allopath. The doctor told them that really the child was not sick—a simple case of indigestion which simple dieting will set right. All the medicines he prescribed, for prescription's sake, was castor oil and some bismuth—just to clean the system of its impurities. From bad the child got to worse and from worse to worst. At last the homeopath was called in. This queer doctor made all kinds of fuss ; he noticed the color and the smell of the stool, the mental condition of the baby, the time of aggravation, the accompanying colic and a whole lot of such idiotic and meaningless symptoms. After all such foolish irrelevancies he made his prescription of Cham. and would you believe it, he cured the case in an incredibly short time.

I will tell you now why I prescribed Cham. and on what symptoms. The stools were green, slimy, mucous. They were small in quantity, frequent and fetid. The smell was like that of bad eggs. The evacuations were attended with colic. The anus was sore and excoriated. There was the redness of the cheeks and above all the torturing ill humour. This diarrhoea is very apt to come on during dentition. Sometimes babies get sick from nursing after a fit of anger in mothers. In convulsions from a similar cause Cham. will effect wonder.

Chamomilla is rarely thought of in fevers although it will make admirable cures when indicated. There is chill without thirst. He shivers when uncovering or undressing. Shivering and heat intermingled mostly with one red and one pale cheek; chill only on posterior with heat of anterior portion of the body. or vice versa. Coldness over the whole body with burning of the face which comes out of the eyes like fire. Burning heat of the face, hot breath.

After chill comes the stage of long-lasting heat with violent thirst and frequent startlings in sleep. Very irritable, can hardly answer one civilly.

Then comes the stage of sweat. Hot perspiration is very profuse over the face and head, especially on the covered parts. In this respect it resembles Cinch. and Con. where we find profuse sweat all over on being covered or during sleep. I will cite a case here from one of the master minds :—

Mrs. T.—, a large fleshy lady, 30 years old. Slight chilliness, lasting for three hours, with red cheeks, no thirst. Fever high, with one red cheek and vomiting of bile. She was so cross as to be uncivil to me. Considerable sweat. Paroxysm in forenoon with anticipation of two hours. Cham. 200 every three or four hours during apyrexia, cured.

—A. L. Fisher, A. J. H. M. M. —VP 177.

Cham. is our great stand-by in some of those trying labor cases where there is great rigidity of the os uteri—cases that try to the utmost the skill of the most expert obstetrician. A single dose of Cham. when indicated will clear up some of these cases like magic.

The indications on which we prescribe Cham. in such cases are :—

- Great rigidity of the os; scarcely able to endure the pains; the labor-pains are spasmodic and distressing and they run down the legs. It has been used in puerperal

convulsions that come after a fit of anger. In such cases we often find that peculiar symptom that has helped us out in many cases—I mean the color of the cheek. The peculiarity about this color is that one cheek is very red while the other is pale.

There is record of Cham. doing yeoman's service in puerperal peritonitis. It was indicated by the excessive heat, the great anxiety, the tendency to syncope, the red face, especially the redness of one cheek.

PODOPHYLLUM.

[Diarrhœa, Prolapsus ani ; Prolapsus uteri, Fever, Dention, Headache, Cholera, Congestion and enlargement of the liver, Ovaritis, Ovarian tumor, &c.]

Podophyllum is a perennial herbaceous plant that grows plentifully on the borders of woods in America. It grows to the height of two or three feet with leaves spread out like an open hand ; hence its name Padophyllum which means Duck's Feet. It is also called May apple, Mandrake, Indian apple and ground lemon. The medicine is prepared from the fresh root of the plant gathered before the fruit is ripe. It is chopped and pounded to a pulp and then mixed with two parts by its weight of alcohol. The tincture is then separated by decanting and filtering. It was first proved by Dr. Williams of the United States of America.

Before going into the symptomatology of Podophyllum I will mention a few experiments of this drug by Dr. Anstie. He introduced an alcoholic solution of Podophyllum into the peritoneal cavity of dogs and other lower animals. The duodenum and the rectum were found to be chiefly affected. The lining membrane of the whole of the small intestine was covered with bloody mucus. The liver was found to be

congested. This will help us to remember that Podo. is a great liver and bowel remedy as will be shown by the finer symptoms of the Homeopathic proving.

Podophyllum is a great cathartic, hence to the homeopath it is a great remedy for diarrhœa, but it is good for its own kind of diarrhœa and that is a very peculiar diarrhœa too. It begins early in the morning, continues through forenoon followed by natural stool in the evening. The patient thinks he is better but the next morning the same diarrhœa again. This diarrhœa is accompanied by a sensation of weakness or sinking in abdomen or rectum ; he feels as if everything would drop down through the pelvis. The stools are painless, very offensive and profuse as if coming from a hydrant. Sometimes they are yellow-colored with meal-like sediment in it and sometimes greenish yellow, slimy, bloody. Prolapsus ani before and during stool, even from least exertion, is also a characteristic feature. Very often Podophyllum is needed in diarrhœa of children—diarrhœa when the child is being washed ; after eating, dirty water soaking the napkin through. This profuseness of the stools is a mystery : every time the patient seems to be drained dry but he fills up quick again. This ought to convince our brethren of the dominant school about the futility of the idea of “washing, douching and cleaning up the system.” Instead of their grave pretensions to science they seem to forget the most important scientific principle that the human system is not a barrel but a self-acting, autonomous whole, where an all-wise, ever-prudent vital principle fights for self-preservation and deals out its just share to the demands of the minutest parts of our organism.

(To be continued.)

IS HOMEOPATHY WORTH WHILE ?

(*Continued from page 374, No. 12, Vol. XX.*)

This scientist states that solutions of gold, so infinitesimal as to correspond with Hahnemann's fifth decimal, "produced results so positive as to be readily determined and accurately measured." If inert gold in infinitesimal quantities was a drug agent of value in Hahnemann's day, and if it is in infinitesimal quantities a drug agent of value in Robin's day, may not the medical profession at large have been in error in declining Hahnemann's presentation of its power in his *Materia Medica Pura* during all the years that have passed between the two experimenters ?

In the quantities referred to Robin found it "capable of producing an increase of urea as high as thirty per cent." It increased uric acid as much as three times its initial quantity. It caused a temporary raising of arterial tension, and increased the quantity of oxygen the system actually consumed. In other words, in infinitesimal quantities in Robin's hands and laboratory it produced exactly those disturbances in functional physiology that produce depressions, causing melancholias like unto those for which Hahnemann highly extolled and successfully used it, as have his followers to this day. It would seem as if Hahnemann had been a century ahead of Robin or Robin a century behind Hahnemann.

But this is not all. To be quoted, Robin talks Hahnemannistically in the following language :

"In the above mentioned solutions the atoms of the metal, separated as widely as possible, are, as it were, liberated, autonomous in their activity, and susceptible of developing greater energy. It is not difficult to conceive that these simple bodies, even in the infinitesimal doses in which they are found, are capable of influencing the chemical reactions of elementary nutrition."

In experiments upon pneumonia in which the same observer brought about crises in six days, in six out of ten cases, he remarks ;

"1. That metals in *extreme subdivision* (the italics not his), are capable of remarkable physiological action, out of all proportion to the amount of metal used.

"2. That such metals, acting in doses which therapeutics considered heretofore ineffectual and useless, by making a profound impression on some of the chemical processes of life whose diviations are connected with many morbid conditions, are probably destined to take an important place among the remedies of functional therapeutics."

If Hahnemann himself had said it he could hardly have voiced the truth more forcibly. Substitute his "vital force" for Robin's "chemical processes" and the thought is his exactly. Again, Hahnemann was a hundred years ahead, or Robin a hundred years behind.

Taking up a new witness on infinitesimalism, in his studies on the disassociation of molecules Lord Kelvin has made some discoveries and has drawn some conclusions which may be of aid to the jury just here. His statement as to the size of the molecule is as follows :

"Imagine a rain drop or a globe of glass as large as a pea, to be magnified up to the size of the earth, each constituent molecule being magnified in the same proportion. The magnified structure would not be coarser-grained than a heap of cricket balls."

If this homely illustration be applied reversely to the dilution of remedial agents, it may readily be seen that not even the most infinitesimal dilution of Samuel Hahnemann or his most extreme follower can be possibly made so small as to altogether eliminate the molecules of the original substance. And if molecules possess activity—and who says they do not—then the most infinitesimal products of the homœopathic and other laboratories are not deprived of the possibility of producing impressions of some degree upon the sensitive organization of such human beings, at least in selected cases. And if this be permissible, then the jury will be brought face to face whether this particular phase of Homœopathy is worth the consideration that Hahnemann gave to it.

Yet additional testimony is forthcoming. Prof. Jones of the department of Physical Chemistry in Johns Hopkins University, an institution famed for the quality of talent it employs, enunciates as perhaps the best demonstration of the almost unlimited divisibility of matter the fact that some of the aniline dyes are capable of coloring at least one hundred million parts of water. This goes beyond Robin and his gold tests and in some respects rivals Hahnemann.

The power of radium to impart its activities to other substances, in the most infinitesimal quantities, is well known to the profession and public. Strutt of Trinity College, Cambridge, England, in a recent volume on the Becquerel Rays (Copeland), states that a quantity of gas not larger than a pin head from radium bromide is capable of extending the activities of radium to a million millions of its own volume of atmospheric air.

The universally known power of musk to emit a perfume that will last for years and be taken on by a great many substances, while the original grain of musk retains all it originally possessed in volume, weight and medicinal strength is a matter of common knowledge.

The color in radium bromide has been shown to be discernible in the thirty trillionth and that of picric acid up to the one trillionth.

The flowers of the field, the unpleasant odors of decay, the bright ray of sunlight to a sensitive eye, and many other illustrations in the domain of physics serve also to indicate the power of infinitesimalism and dynamics. Will it suffice to say that these illustrations are unusual and that because Robin, Jones, Kelvin and Strutt admit the power of infinitesimals, it does not follow that infinitesimalism has no relation to drug power? All the recent testimony of Chemistry, a department in which Hahnemann was a master in his day, lead toward strong support of many of Hahnemann's doctrines long rejected by the medical profession at large. Indeed, the chemists of the twentieth century are doing more to sustain the reputation and genius of the founder of Homœopathy than are the followers of Homeopathy itself. Apologetic definitions

seem no longer to have proper place in official homœopathic literature in the light of the marvellously similar ideas which are being promulgated in this age by scientists throughout the world.

In Hahnemann's day radium was not known, neither were ions. Nor was the microscope a part of his armament, nor did his laboratory possess a culture tube nor the beneficent medium of an oven. This makes it all the more remarkable that this patient German worker, in spite of opposition which would have crushed the spirit of many a less courageous heart, should* have so faithfully persisted in his efforts to demonstrate a great truth in therapeutics and science, once the tiny end of the red thread of similia was presented to his vision in his earliest drug experiments.

What of the Law ?

Leaving the subject of infinitesimals for the moment, what seems to be the testimony of the times in regard to the Hahnemannian precept ? Are likes curable by likes ?

At the present moment the treatment of disease by vaccines is occupying the medical stage. Wright's opsonic index theory laid the scientific foundation for this doctrine, although in crude way it followed immediately after Jenner. Boston particularly has contributed not a little in recent months to the literature and experimentation of the subject. Wright freely admits that the doctrine is closely allied if not identical with that of Similia, and in recommending doses of one ten-thousandth of a milligram to bring the resisting force of the system up to normal he also admits the power of infinitesimalism and adopts one of Hahnemann's essential corollaries.

Copeland quotes Denys of Belgium as advocating the use of his anti-tubercular substance in doses of one millionth of a milligram, the equivalent at least of the eighth homeopathic dilution. The Denys' production from tubercular lymph is strictly along the general line of Hahnemann's Similia, although, to be accurate, there is yet a difference.

Within the last half decade there have been a number of remarkable admissions in regard to Hahnemann, Homeopathy and Similia, admissions which may at least set the jury to thinking very

seriously whether Homeopathy is still worth while. Foremost among these admissions is that of Professor Amalia Gimeno, former Minister of Public Instruction for Spain and now Professor of Therapeutics in the Faculty of Madrid. In a recent review of various late discoveries in medical science, and finding in them positive relation to many of the doctrines of the homeopathic faith, Gimeno voiced these words :

"As the author of a treatise on Therapeutics that I published twenty-five years ago at Valencia, which became classic in the Spanish faculties, I deplore sincerely having consecrated several pages to unjust attacks upon Hahnemann and his disciples, and I would like today to be able to tear those pages from my book. Modern discoveries, however, will charge themselves with the care of correcting them. It is most proper that we should venerate the grand figure of Hahnemann, who divined that which subsequent events have sanctioned "

It is indeed refreshing to read so frank an admission in regard to a former error on the part of such an eminent student as Gimeno, particularly since for some unaccountable reason the medical profession is about the last of all to admit a fault.

But Gimeno is not alone. Huchard, of Paris, as frankly announces that the medical profession owes a debt of gratitude to Hahnemann for his views on the dynamization of drugs and the power of infinitesimals, as also for his suggestion of Similia Similibus Curantur, which it will never be able to repay. Specifically he states that nearly every modern discovery in medicine goes to demonstrate the correctness of Hahnemann's doctrine. The Academy of Medicine in Paris was Huchard's forum. Nor was he driven from the Academy, nor was his frank confession received with other than serious and respectful attention.

(*To be continued.*)

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The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute
medicine.— HAHNEMANN.

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HOMEOPATHY, THE SCIENCE OF MEDICINE.*

BY J. N. MAJUMDAR, M. D.

The history of medicine literally goes back to the pre-historic dates. We may take it that the necessity for medicine arose from the day Adam ate the apple from the forbidden tree. Among the occidental the names of Hippocrates, Galen and Paracelsus are perhaps the most ancient. According to the Hindus Mahadeva is taken to be at once the preserver and destroyer of the universe. He is also supposed to be the Creator of medicine. It is quite an anomaly that the Creator of medicine should also be the destroyer of the universe.

It reveals the development and growth of various dogmas in the different ages. I shall not try to elucidate all that pertains to the great field of medicine in general, for this is neither the time, nor am I competent to handle such a vast subject here. I shall be content to deal with matters homeopathic alone, for a homeopathic physician is

* Presidential address, 1912. Calcutta Homeopathic Society.

one who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics according to the law of Similars. All that pertains to the great field of medical learning is his, by tradition, by inheritance, by right (American Institute of Homeopathy). At the very outset I think it advisable to elucidate one thing and that is, that homeopathy is a system of therapeutics that has to deal with the treatment of disease and not of accidents, poisonings &c. Hahnemann has clearly laid down in his Organon that Chemistry and Surgery have their place. We are sometimes asked if homeopathy can antidote poisons or set a fractured limb right. Such questions carry a woeful lack of understanding of what homeopathy really is. I am afraid there is a great deal of ignorance about this among the laity and that very naturally. And advantage has sometimes been taken of this lack of knowledge by the less conscientious members of the profession, much to the detriment of our cause. Homeopathy never claims to have amputated a leg or set a displaced bone. Homeopathy is nothing else but a mode of cure by the application of remedial agents that have been properly proved according to the law Similia Similibus Curentur. There, are of course, a few other cardinal features, but I shall not dwell with them here as they were very aptly dealt with by one of my predecessors in this chair, and I will not take up your time with that any more.

Although Hahnemann was the founder of the Homeopathic system of the healing art, the idea did not originate with him.

"Great truths, universal laws of nature, important facts that must effect mighty revolutions in the arts or sciences, and exercise a powerful influence on man's destinies, have generally foreshadowed their discovery by some more or less obscure hints or beliefs among the generations who

were not destined to derive the full benefit of their revelation, but who now and then, by vague or distinct utterances, betrayed a semi-consciousness of their existence and whose instincts perceived what their reason failed to discover.”—Dudgeon.

A suspicion of the laws of Gravitation is found in the writings of Bacon before Newton. Many anatomists, conceived the idea of the circulation of blood before Harvey. Vaccination or something akin to it was known to the ancients long before the days of Jenner. So it was with the Homeopathic law of cure. Many instances are found in ancient literature where the homeopathic law had been thought of but not properly formulated. In some of the works of Hippocrates the law *Similia Similibus Curantur* has been admitted. In the Epistles of Hippocrates the following passage is found :—“Hellebore given to the sane pours darkness on the mind but it is wont greatly to benefit the insane.” Paracelsus also tried to formulate a doctrine somewhat akin to homeopathy.

Here again I quote from an article (Is Homeopathy Worth While) by Dr. C. E. Fisher, one of the Ex-Presidents of the American Institute and one of my former professors. He says :—“Not to homeopathic writers alone it is necessary to turn for evidence that something different from generally accepted doctrines was demanded if the medical profession was to remain an acknowledgedly deserving and scientific body. Up to the time of Haller, who died when Hahnemann was yet a young man, a student of Chemistry at the University, the doctrines of Hippocrates and Galen had been followed sedulously. Haller proposed a rejection of all theories on medical topics and all attempts to find laws for the governing of treatments. Sectarianism is no new thing in medicine. There had been divisions, schools, classes and creeds during

all the preceding centuries, there have been since, and it would seem as if in the regular order there will be always. Haller argued that a rational and scientific profession could be built up only by reaching out for an exact and critical study of anatomy, physiology, pathology and the effects of drugs on the human functions. And he reasoned well. If there be any who would find some comfort for other than the homeopathic sect in the value that drug experimentation upon healthy persons possesses for the human family, Haller's encouragement of the thought will afford that comfort.

The difference between Haller and Hahnemann lay in the fact that Haller theorized correctly, but failed to put his ideas into practice. Whereas the founder of homeopathy conceiving the same thought, or following Haller in it, put it into practice and developed a system of provings which in many particulars is remarkable and in many scientific. From the results of Hahnemann's work it is quite safe to assume that had Haller pursued his proposal, he and not Hahnemann would have evolved the homeopathic doctrine. And with Haller's deserved fame as a logician in all things medical is it not quite probable that had he instead of the less wellknown Hahnemann, then a young chemist only, proclaimed that drug experimentation justified the doctrine of drug affinities, natural selection, or like action, the idea would have been accepted and have become the rule for prescribing."

The spirit of homeopathy pervades all systems and methods of cure. It emanates from the writings of such eminent men as Ringer, Osler and others of the dominant school. What is anti-toxin treatment? What is vaccine therapy? They are properly speaking isopathic treatment, but they all breathe of homeopathy.

Even Milton, in *Sampson Agonistis* and again in his

Paradise Lost and Shakespeare in Romeo and Juliet say things that breathe of homeopathy. In the Encyclopedia Britanica we find the following :—It is customary to regard homeopathy as a mere system of therapeutics, having reference only to the question how and on what principle is disease to be treated. But a careful student of Hahnemann or of his Organon will soon discover that the system with which his system is fundamentally associated is one not merely of therapeutics but of pathology and that any complete exposition of it must embrace an account of Hahnemann's views of the ultimate nature and cause of disease, as well as of the remedies by which it is to be combated, and the principles or principle on which these are to be selected. But homeopathy is more, very much more than a passing phase in the history of medicine. Homeopathy plans for a future on the basis of its undeveloped power, as well as of its historic past. And the future of homeopathy is one which may well inspire the imagination and stimulate the enthusiasm of the workers for humanity. All the forces of nature are available to homeopathy as remedial measures. Solar light and etherial impulses, the poisonous artillery of germs directed against themselves, the mysterious push and pull of ions and electrons called electricity, the venoms distilled from the animal creation, the cunningly devised synthesis of the laboratory, the virtues of plants that grow on a thousand hills, homeopathy enjoys a fee simple of all these and of those physiological influences which maintain bodily health in its plentitude and vigour.—Burford.

Now a few words about how we stand here in India. Homeopathy has been in existence here for over fifty years and there is no gainsaying the fact that we have made remarkable progress during that time. Whilst speaking about our city before that august body at the International

Homeopathic Congress last year in London, I observed that it is a most curious fact that one should find so many homeopaths in the city of Calcutta while comparatively speaking we find few such men in any of the other cities of the world excepting perhaps those of America.

But gentlemen, we cannot be content with that. Quantity does not always signify quality. We have as yet been able to do nothing for the permanence of our existence. We have built a Hospital after many years of hard work, but we have not been able to open it yet. Then again we have no regular recognised standing here. We have also a number of lay practitioners among us, but I must admit that some of them do yeoman's service to our cause, whilst many of our regularly qualified men seem to be quite indifferent. It is for all these reasons that I believe that an organisation is necessary—an organisation where we can discuss and adopt measures for the betterment of our cause.

Now a few words about the basis of medical knowledge of a homeopath. Every conscientious homeopath believes that a critical study of anatomy, physiology and pathology is necessary for the best qualification of the physician, be he a homeopath or an allopath. And so it was that the late Dr. Sircar objected to the establishment of improperly equipped schools and colleges for the dissemination of a knowledge of the homeopathic system of the healing art. But then a beginning had to be made and after all Rome was not built in a day. The only question is since the establishment of the first homeopathic school have we progressed? Have the schools improved? On the whole I think they have. But I shall leave this question for the founders and managers of schools and colleges to answer for themselves. Only lately I heard some of the students of one homeopathic school crying out to have the

name of their school changed into that of a college. After all what is there in a name. And I beseech the principals of colleges as also students not to be carried away by beatific platitudes, and catchy phrases. Let us try and improve the standard of homeopathy and that honestly and sincerely, as did the great Master himself, for after all truth will prosper. •

In conclusion I thank you, gentlemen, for the honor you have done me in electing me your president for this year. Great as I consider the honor to be, I also realize the importance and gravity of the responsibility you have put upon my shoulder. On the one hand I have to follow in the footsteps of men who are undoubted leaders of our profession here and by whose association the society has gained much in importance, on the other hand we have to work for the improvement of our Society which is perhaps the only institution of its kind in Calcutta, nay in India. I shall begin my work by requesting all our colleagues to assemble together as often and in as large numbers as is possible, for it is only by means of meetings like these and by the frequent interchange of thought that we can better our condition. To quote the words of George Burford, President of the last International Congress—"Great is the power of assembling ourselves together : for in our confraternity the whole is as great as its parts, only when the parts come together. The living sense of comradeship, the inspiring effect of meeting with one mind, the potent stimulus derived from human assemblage—these are added influences permeating the structure of our intellectual framework, and are poorly represented or represented not at all by a mere paper register of adherents. Here we powerfully augment the springs of action by the contact of personalities." One of my objects during this year will be to try and bring about as many

meetings as we possibly can and I hope we shall meet in greater numbers from month to month.

CASES OF APPENDICITIS.

I.

Babu M. Ghose, an elderly gentleman, of dark complexion, and rather corpulent, had dyspeptic symptoms from a long time and was treated by physicians of different schools of medicine.

He is a resident of 265 Bowbazar Street and a cabinet-maker by profession. In the beginning of March, 1905, one day he caught cold which was followed by fever and pain over the whole body. He was treated by an allopathic doctor but his complaints were gradually getting worse. Consultation had been resorted to and an appendicular inflammation was diagnosed. Treatment was made by leeching and medicines and blisters had been to no purpose.

On the 8th of March an eminent surgeon of the Calcutta Medical College (an allopath) declared the case to be hopeless and the only means available was an immediate operation but with little hope of success. I was called at 4 P. M. and found the patient in extreme agony, fever very high, temperature 104 F., with great tympanitic distention of abdomen, constant desire to pass stool ineffectually, great irritability of mind and unbearable pain in abdomen, especially on the right side. Pulse small and frequent.

Nux vom 30, one dose dry on the tongue.

I visited him next morning and found a little improvement. There was no stools and the flatulence was less. The pain in the parts was very great, and increased on movement. A hard tumor was felt in McBurney's point. Mental irritability was still persistent.

Bryonia 30, three times a day.

One hard stool next morning, but still there was considerable flatulence. There was also colicky pain in abdomen and slight fever.

No medicine the whole day.

Improved in every respect. Tumor was smaller and softer, pain abated considerably; placebo was given. In the evening he was worse, much flatulence, fever increased from 4 P. M. and some difficulty in respiration. One dose of Lycopod. 200 had charming effect.

Slept well at night, flatulence gone and one formed stool, slight fever the next afternoon.

Placebo three times. In a month's time he was perfectly cured and came to my dispensary to report his cure.

II.

A youngman of Natherbagan, Hatkhola, came under my treatment for appendicitis. His abdomen was slightly tympanitic with obstinate constipation for six days. Pain increased by movement. Fever about 101 F. I was called at the bedside of the patient on the 9th. March, 1905.

Bryonia 30, three doses a day, had no effect.

There was hard and painful abscess on the right side of the abdomen. Fever the same as before, copious perspiration but no relief from fever, great thirst for water.

Merc. sol. 30, three times a day.

In a week's time, with occasionally repeated doses of Merc. sol. 30, the patient got well. There was no fever and no sign of the tumor left.

On the 8th of May I was called again to see him as he had a relapse. Pain in the abdomen troublesome, no rest and sleep at night. Fever 102 F, Swelling of the part considerable, constipation, no stools for four days, considerable flatulence. Bryonia had no effect.

Lycopod. c.m., one dose, much relief at once. Placebo.

Further improvement was stopped. Hard and painful tumor was persistent.

Merc. sol. 30, one dose, for six days; after that patient's general condition was very much improved, abscess almost gone. No medicine.

On the 22nd. May I got the information that he was cured.

III.

A youngman, aged about 30 years, in European Asylum Lane, had an attack of appendicitis at Midnapore where he was living with his father.

He was at first treated by allopathic doctors there and finding no relief they advised him to come down to Calcutta and undergo an operation without which, they said, there was no hope of a permanent cure.

On coming down he placed himself under the treatment of my friend Dr. P— who called me in consultation.

The patient was a strong-looking young man, slightly dyspeptic and much addicted to byking and active exercise.

On examination we found a large hard and painful tumor in McBurny's point. There was pain on pressure over the parts, slight fever, and tympanitic distention of abdomen. Bowels generally constipated. Stools hard and obstructed by incarcerated flatulence. No desire for food and only a few mouthfuls satisfied him. Urine high-coloured with some red sand at the bottom. Mind clear.

Lycopod. 200 one dose. Great relief the next morning. Tumor reduced, flatulence almost gone and the patient felt easy, no pains to speak of.

Placebo, twice daily. He was under placebo for about a week when by indiscretion in food, he got slight pain in the part and distention of abdomen.

Another dose of *Lycopod 200* had marvellous effect. Tumor

disappeared and the patient gained in health. He went to his place at Midnapore but after two months returned and complained of acidity and slight hardness on deep pressure on the parts. No pain or fever. He had acid rising immediately after meals.

Calc. c. 200 one dose. I met him subsequently during his father's illness and found him perfectly cured.

No complaint of any kind.

I saw him again in July, 1911, suffering from dysentery but no appendical involvement of any kind was found then. My friend Dr. P. cured him of his dysentery.

IV.

Rani M's. mother, aged about fifty. She was thin, emaciated, very much prostrated. Irritable in temper and loathing for food for a considerable period.

She suffered long from dyspepsia and acidity.

Came under my treatment for appendicitis on the 7th June, 1903. Had been under allopathic treatment before I saw her. They advised an operation—the only means for a cure.

Fever high, temperature ranging between 101 F. and 104 F.

Intense pain on the right side of the abdomen.

There was a tumor—an abscess very large, hard and painful on pressure.

Bowels generally constipated for which she used to take enema and purgatives often.

Sometimes the pains were so severe that she cried out during the intensity of it.

Nux vom. 30; one dose, morning and evening.

On the 8th. June, she was about the same.

Temperature 102.4 F the highest.

No medicine for two days.

10th. Worse again, temperature rose higher. 103.4 F.—
Rhus tox 30, two doses a day.

12th. No improvement. There was a doubt of suppuration taking place in the tumor.

Hepar s. 30, twice daily.

15th. Restlessness, considerable thirst, high fever, pain in the affected part very much increased. Arsenic 200 one dose and placebo.

17th. The abscess was worse, considerable pain, more at night, warm sweat and increase of swelling. Wanted to have a bath which she said relieved her. Merc. sol. 30, slight improvement followed. Placebo.

24th. Had a relapse again. Felt very much heated. Did not like to take any more medicine.

Calc sulph 200, one dose, and placebo.

Considerable improvement followed this last dose. Abscess very much smaller; pains almost gone. Placebo.

27th. Better in every respect. No medicine.

On the 1st. July she was exposed to cold air and draught at night, after which she had slight fever and pain in the affected part.

Rhus tox 30, one dose.

Since then she was steadily improving and a complete cure was effected in a fortnight.

V.

Captain B.'s daughter, aged about fifteen summers, tall, slender but of strong fibres, came under my treatment for appendicitis on the 5th of January, 1904. She was under the care of an able European surgeon of this city, who had done everything to ward off operative means for fifteen days without benefit. He advised operation as the last resource. There was a small hard swelling in the region of the appendix and slight fever. She had some cough and cold.

Rhustox 30, one dose, morning and evening.

8th. She was worse. Pain and fever increased, copious perspiration, much thirst for cold water.

Merc. sol. twice daily.

12th. Better, no medicine.

15th. Swelling almost gone, no fever. Placebo.

She was cured on the 25th of January, 1904.

The surgeon who first saw the case, remarked that it must be wonderful that the cure was effected by medicine. But he further remarked that a weak point remained in the appendix and a relapse would take place and that would mean immediate death to the patient.

Next year about this time, the father of my patient came in a hurry and wanted me to see his daughter who had a relapse. During the Xmas week she had exposure at night, indiscretion in food and constant worry and running. I thought the relapse to be due to that. She had slight fever and pain in the part but no swelling. There was a slight hardness of the part.

A few doses of Rhustox 200 set her right. Since then she had no relapse till now (1911 .)

APPENDICITIS OPERATIONS.

CLAIMED TO BE NEEDLESS.

Dr. Doyen has just told the Congress of Surgery, now being held in Paris, that the majority of cases of appendicitis do not need a surgical operation, and that most appendicitis patients who are operated on suffer from after effects. Dr. Doyen treats such a patient by injections of mycolysine into the inflamed appendix. He declares this new agent cures the inflammation of the appendix when it does not contain a foreign body, which has caused the inflammation. When an operation is absolutely necessary in appendicitis, Dr.

Doyen uses what he calls the only method that offers the best chances of success : he crushes the appendix, which is only a useless blind pouch, and ties the intestine with a double suture, like a purse string, which he invented a dozen years ago. Dr. Doyen affirms he has discovered how to vaccinate the peritoneum—the membrane that holds the intestines—against inflammation—that is, against peritonitis. He injects into the peritoneum ten cubic centimetres of mycolysine twentyfour hours before a surgical operation which may involve it. He says by employing this method he has performed grave abdominal operations without provoking peritonitis. It is interesting to note that the other surgeons at the Congress complain that operations are a failure because the patients delay coming to them.—*Statesman*.

AN OPERATION THAT MAKES DULL CHILDREN BRIGHT.

(BY G. ELLIOT FLINT.)

Have you a little child in your home whose voice sounds muffled, whose lower lip droops, giving the face a heavy, dull expression, whose upper lip is raised a little, who breathes through its mouth, and whose hearing is not so acute as it should be ?

If so, your child probably has adenoids, and unless you have them removed the consequences will be serious—how serious we shall see in a moment.

Adenoids, from a Greek word *aden*, meaning a gland, are small glandlike growths or enlargements of the pharyngeal tonsil, which hang down like tiny stalactites from the roof of the cavity formed by the junction of the back part of the mouth with the nose. When these become sufficiently large to fill this opening, the unfortunate sufferer can take in air only through his mouth ; he becomes perforce a mouth-breather.

Time was, and that not very long ago, when children were whipped for sleeping with their mouths open ; the idea being to correct by castigation a supposed bad habit.

Now we know that such breathing is not naughty but necessary—that all children breathe through the nose when they can.

It is curious to contemplate the immense harm produced by habitual mouth breathing. Here is the first principle of life, the breath diverted from its proper course, and naturally a general derangement of function follows :

To begin with, the tubes connecting the throat and ear are thickened, and this interferes with the hearing ; then the body fails to get enough oxygen, and digestion suffers ; lung capacity is diminished, through the lungs obtaining their air-supply in the wrong way ; dust particles, entering the open mouth freely, lodge in the tonsils, inflaming them and thus rendering them hospitable to infection, finally, and most important of all, the deflection of the air-current below its normal plane, which should be up through the nose, forces the course of the circulation of the blood downward so that the brain itself becomes improperly nourished and is retarded in its development.

The above facts account for the slowness of thought and speech, the dulled hearing, the apathetic expression, all peculiar to the child afflicted with these small but abnormal growths which block the proper air-passage.

Now, slowness of comprehension and difficult hearing seriously interfere with a child's progress in education. Not able to hear at school without conscious effort, he does not strain his attention ; and, the little that he does hear not being readily apprehended, he inevitably gets beyond his depth when the complex is reached through successive stages of the simple.

The child, therefore, is frequently considered backward, when really he may be not naturally dull at all, but is made so by a simple mechanical obstruction.

According to Dr. Frank E. Miller, who is throat surgeon to the Vanderbilt Clinic and consulting throat surgeon to St. Joseph's Hospital, New York, about sixty out of every thousand school children in this city have adenoid growths at the vault of the pharynx.

Dr. Miller does not believe, as some do, that these growths are vestigial salivary glands which we have outgrown the use of, but that they develop from the inflammation accruing from a succession arising of common colds.

He declares that, besides the complications arising from this condition which have already been enumerated, the senses of taste and of smell suffer, and that the child usually complains either of pain in the back of the head, or of a sensation of pressure in the frontal region.

"If the condition be allowed to progress," continues this eminent authority in a special paper prepared for the Medical Record, "the child becomes anæmic, and the chest remains flat, undeveloped, and sunken."

Dr. Miller then emphasizes in his paper the importance of an early recognition of this condition in order that steps may be taken to prevent "much future suffering, mental infirmity, as well as facial and physical deformity."

The operation necessary to remove the mischievous growth entire can now be performed in one sitting, by a new improved instrument, without the least danger to the smallest child ; nor need any anæsthetic be used, as the pain is very slight and lasts but a moment.

—*The Indian Daily News.*

IS HOMEOPATHY WORTH WHILE ?

(*Continued from page 32, No. 1., Vol. XXI.*)

We all know that Pasteur, the French scientist, not a physician and not imbued with the passions that seem to belong to the medical guild, formulated doctrines closely akin to Homeopathy and instituted a dosage in harmony with Hahnemann's doctrine of the power of the infinitesimal.

Wisdom from Von Behring.

But coming nearer home to the medical world and general public, perhaps the testimony of Von Behring, the German savant, who gave the diphtheria anti-toxin to the world and who is acknowledged

as the foremost therapeutic investigator and authority of this day, will bear weight with the jury over the testimony of the less well-known Gimeno and the less well-known Huchard. In discussing the new tubercular therapeutic agent upon which he is at work he recently uttered these words :

"The scientific principles of this new agent are yet to be established. In spite of all scientific speculations and experiments this therapeutic usefulness must be traced in origin to a principle which cannot be better characterized than by Hahnemann's word 'homeopathic.' What else causes immunity in sheep vaccinated against anthrax than the influence previously exerted by the virus, similar in character to that of the fatal anthrax virus ? And by what technical term could we more appropriately speak of this influence, exerted by a similar virus, than by Hahnemann's word 'homeopathy' ?"

In concluding his remarks upon this subject, remarks which set to tingling the ears of many of his orthodox hearers, Von Behring closed with these courageous words :

"If I had set myself the task of rendering an incurable disease curable by artificial means, and should find that only the road of Homeopathy led to my goal, I assure you that dogmatic considerations would never deter me from taking that road."

Here are named three acknowledged savants of three different European countries, Spain, France and Germany, all dealing in the same line of thought, namely, that the medical world has misunderstood and underestimated the value of the work of Samuel Hahnemann, now almost universally sustained by the investigations of the laboratory, by institutes for research and by clinical experience. It surely would seem as if the answer might be readily forthcoming, and that any fair-minded and scientific jury could quickly reach a conclusion as to whether Homeopathy is now worth while.

It may have been expected that statistical data would be offered on the affirmative side of the proposition. It seems not necessary. Of this data, and that which is thoroughly reliable,

there is an abundance. The 'homeopathic library has volumes upon the subject. But it has not been thought it is required. If out of the mouths of its former opponents and detractors there now comes confession of strength and scientific deduction, figures, which some one has said may be made to tell a story either way, are not required. Nor is a detailed review of the methods of Hahnemann and his early followers attempted for lack of time and because these are also available. Our own present-day inefficiency, as wrongly heralded, it is believed, by our National association in its pronouncement of what constitutes a homeopathic physician, was purposely given first place in this review in order that it might be shown by comparison, through the views of eminent men from "our friends the enemy," that if the decision shall be rendered that Homeopathy is no longer worth while, the opprobrium of the verdict rests nowhere but upon ourselves. For just now, when many of us seem half-hearted, in doubt and hardly knowing which way to turn, Hahnemann and his doctrine are being extolled by eminent savants of the general profession who formerly condemned the one and ridiculed the other.

Under these conditions should we be found returning to the insecure foundation of tradition, or be willing to be borne along the medical highway on the rickety railway of inheritance? Are we not, rather, leaning upon broken reeds than upon a scientific basis when we leave Similia, or allow it only doubtful loyalty, to run after the falsities of uncertainty and a lack of scientific precision? Everything recent, accepted today as scientific and possessed of certain values, points towards the precept of like-curing. And everything the laboratory is today revealing seems to point also toward the correctness of Hahnemann's theory of dynamization and the power of infinitesimals.

Taking all these things into consideration, dealing with the question fairly, studying Homeopathy as an art sustained by a principle whose scientific correctness is being demonstrated day by day, and, above all, viewing the subject from the viewpoint of an afflicted humanity many of whose ailments are beyond the

reach of other scientific procedures, may not the question be propounded in all seriousness, to a jury of on-coming physicians who are yet students in the colleges, to a jury of physicians who by their pronouncements seem to be but halfhearted Homeopaths, and to a jury composed of honest and sincere opponents of the doctrine as they have heretofore understood it, and as they may have seen it exemplified by physicians not more than half homeopathic at heart, is not Hahnemann's Homeopathy after all, yet worth while?—*The New England Medical Gazette.*

NOSODES.

PARES NATH CHATTERJEE, L. M. S.,

Bankipur.

H. C Allen observed that his success in practice was largely due to the use of nosodes. Every Homeopathic practitioner who has given this class of medicines a due trial, will, I am sure, bear out the truth of this remark. The following case is in illustration :—

A Behari Hindu, named Baleshwar Prashad, aged 26 years, who was well-built and robust in appearance, came under my treatment in November, 1911. He had indulged in all sorts of lawless excesses in his life having inherited a large estate. He had suffered both from syphilis and gonorrhœa—the former about 10 years back and the latter 3 years back. The special complaint, for which he placed himself under my treatment, was severe and obstinate headache from which he had been suffering for 16 months almost unremittingly. The headache started at first in the right side of the head but after his resorting to moist cupping over the part, it shifted to the left side about 8 months back and since then has been located there. The pain was incessant, partially ameliorated at times and aggravated periodically when it shot backwards from the front

towards occiput. His suffering was so intense that it quite prostrated him in spite of his apparent robust health and confined him to bed. He suffered also from spermatorrhœa. I prescribed for him symptomatically at first Gelsemium, Silicea and other medicines, but they failed to give him relief. Then it struck me that the headache might be due to gonorrhœal taint from which he suffered latest and long. I prescribed Medorrhinum high and to my wonder it acted like a charm. The relief was immediate and followed by complete cure in a few days. He returned home and is at large now. Just a few days ago I learned that he was doing well.

My clinical experiences with Bacillinum, Tuberculinum, Psorinum, Syphilinum and particularly with Variolinum have been equally wonderful. We now hear the echo of this line of treatment from the other school of medicine also.

PODOPHYLLUM.

(Continued from page 27, No. 1., Vol. XXI.)

Now to diarrhœa again. We must not get confused when we get a case of morning diarrhœa, for like Podo. we have morning diarrhœa in Bryonia, Nat. sulph, Aloes, Sulph, Rumex and a few other remedies. The commonest judgment and patient application will help us out of such troubles and get us name, fame and money.

We have morning diarrhœa in Bry. and Nat. sulph., but it comes on after *rising in the morning and moving about* but in Sulph., and Rumex the urging is felt *before rising*. Pierce makes the differentiation very clear between Podophyllum and Sulphur when he says that the "Podophyllum patient goes to the closet on the trot, while in Sulphur he goes on the run." In Aloes the *want of confidence in sphincter ani* is a marked feature.

We must not forget Podophyllum in fevers. The time of the paroxysm is 7 A. M. Backache, gastric and bilious symptoms are marked sometimes for days before the attack. *Loquacity is a great feature of this drug* which continues all through the chill and partly through the stage of heat. *At the height of the fever he falls asleep* and perspires very profusely. During chill he complains of pain and ache in hypochondria, knees, ankles, elbows, and wrists. Because of this it is very easy to confound this remedy with Rhustox and Eupat., but the totality of the symptoms will decide the prescription. He forgets everything about his loquacity afterwards. In Apis, too, there is the sleeping at the climax of heat and sleeping during the stage of perspiration, but the thirstlessness, the time of the paroxysm which is 3 P. M., the scantiness of the sweat compared to what we see in Podo., will help us to decide. In Calad. also we notice this peculiar symptom: of *sleep during fever*.

The tongue is foul with *imprint of teeth* like Merc. and Rhus. The breath is offensive but unlike Puls. he gets disgusted with his own breath.

Sometimes during dentition, we notice a hydrocephaloid condition, for the child moans, rolls his head from side to side, grinds his teeth and whines. One thinks of Bell., in such cases and very often there is abuse of Bell., for in many such cases it is Podo. that is needed and not Bell.

Podophyllum is sometimes used in headache when it begins in the morning with flushed face; sometimes the headache alternates with diarrhoea. Then again there is a kind of headache which is very similar to that of Bell. in as much as it feels better lying down in a quiet and dark place. The patient feels a sort of mist before his eyes. He suffers from a fleeting pain, *worse at occipital protuberances, which runs down the neck and shoulders*. In Gels. on the other hand the

pain which *begins in the cervical spine* extends over the head and *settles in the forehead and eyeballs* causing a bursting sensation.

Podophyllum is called the *vegetable mercury* as it has a whole lot of symptoms in common with Mercury. Like Mercury the tongue *takes the imprints of the teeth*. It is covered with a whitish or yellowish fur ; the breath is very offensive, the saliva is very copious

The sphere of Podo. in female sexual system is very well marked. It is used in ovarian tumors, pain in ovaries, leucorrhœa, prolapsus uteri and in such other kindred troubles. *The prolapsus uteri goes simultaneously with prolapsus ani* and it is generally the after effect of *confinement, overlifting and straining* ; the sensation during stool as if the genitals would come out is not wanting. There may also be pain in the region of the ovaries, *especially the right*. This pain extends down the antecrural nerve but sometimes it may go up to shoulder. It gets worse straightening the leg. Suppression of menses in young females sometimes calls for Podophyllum when with the bearing down sensation, felt mostly in hypogastric and sacral regions, there are the concomittant symptoms of *chronic prolapsus of the anus*, thick transparent leucorrhœa, pain in ovary, nausea, hemorrhoids and *relief of pain from lying down*.

Now we come to the great action of Podo. on liver. It is used in jaundice, *chronic hepatitis*, hypercœmia of liver and gall-stones. But here I must put forth an apology, for homeopaths must not prescribe on mere names of diseases. It is perilous to walk on such uncertain grounds. It is far more safe to base our prescription on symptomatology and the symptoms which indicate Podo. in liver troubles are the following :—

There are fullness, soreness and pain in the region of the

liver and the patient *keeps constantly rubbing and shaking it with his hands.*

There is great irritability of the liver with excessive secretion of bile ; jaundice with gall-stones ; pain from the region of the stomach towards gall-bladder with excessive nausea. But Podo. is not our only remedy in affections of the liver. There are others just as important, but only so when indicated.

Ptelea trif. has the sensation of great heaviness in the region of the liver for in reality the liver has grown to an enormous size ; when he lies on the left side, ~~the~~ liver keeps dragging on its ligaments. The heavy aching pain in liver becomes *relieved by lying on the right side.*

Cobaltum has shooting pains in hepatic region and also in spleen worse taking a deep inspiration, but in Cobaltum *the stitches run down the thighs from the liver.*

Chelidonium is another great liver remedy. From slight dullness there may be short stitching pains in the region of the liver, this pain may penetrate into the stomach or may go into the back from the posterior part of the liver. But that important symptom of *marked pain under the angle of right scapula is always guiding.* The patient awakes, in the morning perspiring, with vague recollection of unremembered dreams, with headache from sleeplessness, with tight feeling of constriction in the region of the liver preventing free expansion of the chest His pains are better by eating.

BELLADONNA.

Delirium, Headache, Sun-Stroke, Apoplexy, Convulsion, Epilepsy, Puerperal Eclampsia, Meningitis, Hydrophobia, Tetanus, Erysipelas, Metritis, Inflammatory diseases of throat, Gastritis, Gastralgia, Cystitis, Acute laryngitis, Mastitis, Otitis media, Tonsillitis, Quinsy, Stuttering, Hemorrhoids, Prolapsus of Uterus, Fibroid tumor, Rigidity of os, Retained placenta, Hemorrhage, Ovarian tumor, Sciatica, Rash, Acute and chronic Rheumatism, Stiff-neck, Neuralgia, Prosopalgia, Difficult Dentition, Dysmenorrhœa, Cough, Acute and chronic Hepatitis, Measles, Chorea, Dysentery, Diarrhœa, Mania, &c.

Belladonna is a herbaceous perennial plant that grows to the height of four or five feet in the sandy parts of Europe and Asia. The flowers are pendulous, bell-shaped and purple in color and are followed by purple-black berries. The juice is extracted from the entire plant before it flowers and then mixed with an equal part by weight of alcohol.

It is also called the Deadly Night shade. It belongs to the natural order of *solanacæ*. It was known to the Medical profession as early as 1500, A. D., but the first homeopathic proving was made by Samuel Hahnemann. It comes from two Latin words *bella dona*, which means the beautiful lady, from the circumstance that the Venetian ladies of old used it as a cosmetic to brighten the eyes and flush the cheeks. Its properties are due to the alkaloids *atropin* and *belladonnin*. Physiological experimentation shows that Belladonna affects the *sensory nerves, especially their extremities*, thus causing cutaneous anæsthesia. The allopaths therefore make use of it locally in ointments, liniments and plasters as anodyne for external pains. It also *affects the motor nerves* causing peripheral paralysis ; hence it is also utilized by our brethren of the other school as an antispasmodic. They use it in rigidity of os uteri during labor. Belladonna further *excites the*

sympathetic nervous system which becomes manifest by the dilatation of the pupil when it is locally applied. We must not forget a fourth action of this drug. I mean *the arrest of secretions* especially of the salivary glands and the skin. This phenomenon, too, is made use of by the allopaths, in hidrosis of the hands and feet, in salivation, in checking the secretion of milk where that is necessary because of impending mastitis and so on ; but they apply it locally.

Here we come to the *prince* of our congestion remedies. There may be congestion anywhere, head, chest, uterus, joints, skin, in fact any part of our organism, but the most peculiar feature about this congestion is its *vehemence*, its *suddenness*. There are other remedies such as Acon., Bry., China, Ferr, Merc., Nux v., Puls., Phos., Sulph. where we find great rush of blood to single parts, but in none of them do we notice the lightning-like rapidity that characterizes Belladonna. This suddenness and this vehemence characterize all the symptoms of Belladonna of any description. The baby goes to bed hale and hearty, but the whole family is roused in the dead of night because the child has got convulsion. Just so in pains, in inflammations, in troubles of all kinds. The *violence*, the *suddenness*, the *overwhelming intensity* point out precisely what remedy to prescribe.

Sometimes this rush of blood to brain becomes so very great that our patient turns delirious. His *eyes become injected*, his *corotids throb violently* ; sometimes he is sleepy, but unfortunately in spite of his sleepiness he is unable to sleep, he keeps his head rolling from side to side ; at other times he is wide awake with his *pupils widely dilated*. More frequently these two states alternate, that is at times the patient is drowsy and falls into a heavy slumber from which he wakes up with a cry or a jerk or start and keeps looking at things around him in a strange fashion. Even these slumbers

are not undisturbed slumbers. He dreams of falling, that is why he starts as if in a fright clutching at the air. Sometimes he dreams of murders, of robbers, of fires, and tries to get away from them. In some cases the delirium assumes a fierce form, *he breaks into fits of laughter, then gnashes his teeth, strikes and bites every body around him.* Sometimes he sees ghosts, hideous faces, monsters, black dogs and various insects. At other times he keeps picking at bed clothes as if looking for something lost with confused muttering.

Sometimes it is very hard to distinguish Belladonna from her sister remedies of Hyoscyamus and Stramonium. In the latter remedies the congestion of the brain is not so well marked; the very violence and the intensity too are not on a par with those of Belladonna. Further in Stramonium the *incoherent loquacity, the praying and the beseeching attitudes, the desire for light and company* will always help to mark out the lines of demarkation.

Belladonna scores very high in mania. He calls for his food but when he gets it, instead of making good use of it he bites his spoons into two, then gnaws at his dish and snarles and barks like a dog. He tries to throttle himself and begs those around him to kill him.

This is a symptom very often seen in hydrophobia and on symptoms like these Belladonna has made wonderful cures.

Cantharides is another remedy for Hydrophobia. There is furious delirium with crying, barking and beating; confusion of head, anxious restlessness. Alternate paroxysms of rage and convulsions excited by touching the larynx, by making pressure upon the abdomen and by the sight of water. There is also *excessive desire for sexual intercourse* with constant painful erections.

Cuprum met. is sometimes usefully employed where during

the delirium the patient howls and mutters, is afraid of every one who approaches him shrinking away from them. The other remedies to be thought of in this connection are Lyssin, Hyoscyamus, Lachesis, Scutellaria, Tanacetum vulg, and Vipera.

Sometimes the congestion of the brain gives our patient a very bad headache. The pain which is of a throbbing nature is *worse on the right side with intolerance of light and noise*. Any position that throws him out of the perpendicular makes him worse, consequently we generally see him sitting propped up with pillows. We know the Belladonna patient long before we see him, for as we enter the sick-room we see that the doors and the windows are closed and the room is kind of dark; then again we have to be very cautious as we walk, for the *least jar, noise and shaking make him decidedly worse*.

Sometimes he complains of a sensation as if the brain were pressed to the forehead disappearing quickly on bending the head backward. In walking he feels as if the brain rose and fell in forehead. The nature of the pain is of a kind that we have already mentioned. It is very *violent, it comes suddenly, lasts indefinitely and goes just as suddenly*.

The other remedies with congestive headache are Amyl nitrate, Aurum met., Crotalus, Ferrum met., Glonoinum, Magnesia mur, and Nux vom. It is not at all hard to make distinctions between them.

For in Amyl Nitrate the surging of blood to head and face is very intense; he craves for fresh air, so much so that he opens his clothings, throws his bed coverings away and opens the doors and windows. We notice the *flushings and blushings* which are temporary and circumscribed unlike the turgid face of our Belladonna patient.

Aurum met. is good for congestive headache in *syphilitic*

patients with exostoses on skull and gummata inside. He feels as if a current of air were rushing through his head ; he sees sparks before his eyes. All his symptoms are *aggravated by the least mental exertion*. The keynote to this remedy, I mean the *profound melancholy*, is always guiding.

In Crotalus the headache is worse especially on the right side ; like Bell. it is *worse lying down* but we see the Crotalus headache *in patients with zymotic or septic diseases*.

In Ferrum met. the headache is just as intense as in Belladonna. The pain is hammering, beating, and pulsating ; it gets worse after midnight. The face, legs and the mucous membranes which are generally pale, become red and flushed during the headache. The intensity is there, but it is not the overwhelming intensity of Bell., while the suddenness is entirely wanting. It is a continuous hammering pain, in *anæmic patients*, that we have to contend against in Ferrum met.

Glonoinum has more of the sun-headache than the congestive headache. There is a *crushing weight across the forehead* with throbbing which is synchronous with every beat of the heart.

- Magnesia mur is good for congestive and hysterical headaches. The patient gets the sensation of boiling water in the head. The headache is *better from firm pressure*, from moving about and worse from quiet. (*To be continued.*)

News and Notes.

The Calcutta Homeopathic Hospital—This useful institution is almost complete for its public opening which will most likely take place in April next. A long felt want will be removed. A strong committee have been formed for its efficient management.

The Calcutta Homeopathic Society—New session of this society commenced from the 1st of January. The following office-bearers were elected :—

J. N. Majumdar, M. D., President.

Barid Baran Mukerji, L. M. S., Vice-President.

Dr. Uma Nath Samanta, Second Vice-President.

N. M. Choudhuri, M. D., Secretary.

Dr. Sarat Chandra Pal

Dr. Monmatha Nath Ghose } Assistant Secretaries.

Dr. Balye Charan Dutt, Auditor.

Dr. P. C. Majumdar, the President for the last year, in vacating the chair thanked the members of the society for their courtesy and kind attention to him during his tenure in office. He considered their election of office-bearers a happy one. All the elected members were men of intelligence and learning and he doubted not that their deliberations of the present year would have good fruits. The society, no doubt, will have a prosperous year. Some members were elected as new members of the society.

Urtica urens in gout—Dr. Burnett advised to use this medicine in cases of gout. We have verified it in two cases. A Mahomedan gentleman, about 60 years old, suffered from pain and gouty node on the right big toe. Pain was sometimes excruciating and aggravated at night. There was abundant sandy deposit in the urine. *Urtica urens* ix, three times a day, for one month, with occasional stoppage of medicine, cured him completely. This patient used to take highly seasoned meat and delicacies freely.

Another patient is a young rich man of 25. He was addicted to drinking and taking rich food. Pain confined to right foot and leg, sometimes very troublesome with nightly aggravation. Various remedies were tried, but ultimate cure was effected by *Urtica urens* ix.

Adenoid cured by Calc. c. low potencies.—A young girl of five years, of corpulent body and scrofulous constitution, had an adenoid growth on the posterior part of the right nostril. He breathed mostly by mouth, had shrill voice and was subject to cold and catarrh. Bowels regular but stools were hard and of whitish colour. An operation was advised by the family physician, an allopath. This case was cured by Calc. c. in the 12th potency. Higher from 30th to 200th were also tried.

Malaria and Quinine—The allopathic doctors and scientists of the present day, especially in this country, affirm that malaria is best combated by quinine. They recommend it to be taken internally and by injection into the veins as a prophylactic as well as a curative agent. This has been experimented on extensively without much appreciable effect. On the contrary, by taking quinine as a preventive, our system becomes so weak and bloodless that slight malarious influence will produce a virulent outbreak of fever not to be ameliorated or cured by the administration of this drug.

We have repeatedly observed this in persons who take quinine whenever they get an attack of fever. In their case quinine has no appreciable effect even in supressing the fever for the time being. In real cases of malaria recurrence of fever is the rule and quinine is quite incapable of preventing this recurrence.

Obituary.

DR. SATYA JIBAN LAHIRI OF KRISHNAGORE.

We regret very much to record the death of Dr. S. J. Lahiri of Krishnagore, Nadia. Dr. Lahiri belonged to a very respectable and pious Barendra Brahman family of Nadia. His father, Dr. Kali Charan Lahiri, was an eminent allopathic physician, but in the

latter part of his long and useful life he was converted to homeopathy. His uncle, Babu Ramtanu Lahiri, was the great Brahma saint.

After passing the Entrance examination Dr. Satya Jiban entered the Medical College, Calcutta, as an ex student. Here he studied through the prescribed period of five years to qualify himself as a medical practitioner and settled in his native place. After following the allopathic system of practice for a few years under his able father, the late Dr. Kalj Charan Lahiri, he became a homeopath. He was very much persecuted by his allopathic confreres for his new conversion. Homeopathy was very little known in Krishnagore then.

Some of his intimate friends advised him to keep both the systems of medicine and be an allo-homeopathic practitioner. But as the doctor was very well versed in Hahnemann's Organon, he could not do that. He was advised to come to Calcutta but his Guru, the religious adviser Ram Krishna Paramhansa prevented him.

Hard work and religious privation told much upon his herculian constitution. He took to his bed and came down to Calcutta. He was under homeopathic treatment to the last. He died in December, 1911, at his brother's residence in Beadon Street. In him we have lost a good man and a truly Hahnemannian homeopath. His native town of Krishnagore is poorer by his untimely demise.

ALMOST A FABLE.

The following story, recently reported in the October number of the North American Journal of Homeopathy, reads almost like fiction.

"Not so very long ago a man of some years, not too well dressed—in fact, a man who, one might say, was trying to look respectable on a very moderate salary—entered the front door of a large city hospital and inquired for the superintendent. The latter was summoned and was asked by the visitor if he would kindly show him the building.

The superintendent of such an institution is naturally a busy

official, and the temptation under such circumstances would be to summon a nurse, or an orderly, or an office boy, and have the stranger shown the principal features of interest. Instead of this, however, the superintendent, in an affable manner, explained that he was busy just for a moment, but if the visitor would take a seat for five or ten minutes, he would be glad to show him around.

As soon as the superintendent was at liberty, the tour of inspection was begun and, observing the injunction to serve the best wine first, a start was made at the well-equipped operating rooms. Then wards and private rooms were inspected, and the superintendent was ready to usher the man out with a courteous "Good morning," when the stranger said he would like to see the kitchen. A trip was therefore made to the kitchen, and then the visitor wanted to go lower still and inspect the heating plant. So a descent was made to the sub basement, and the laundry being looked into en route, the superintendent remarked that the trustees hoped some day to have money enough to equip a more up-to-date laundry department. The visitor said "Oh ! you want money, do you ? Well, it will come some day."

The ground floor being reached again, the stranger happened to catch sight of a small, temporary structure standing in the grounds, and inquired what it was for. He was told that that had been put up to be used as a pathological laboratory until such time as they had money enough to erect and equip a suitable building. And the old man said in an off-hand way, "Well, you'll get the money." Then with thanks to the superintendent for his courtesy, the visitor left the building.

The above is the story of why Hahnemann Hospital, New York City, has recently fallen heir to a bequest of about a million and a quarter dollars, for the testator was the old gentleman of not too attractive an appearance who had made the tour of inspection at that hospital less than a year before he died."

—*The New England Medical Gazette.*

THE INDIAN HOMEOPATHIC REVIEW.

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Collateral Sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute
medicine.— HAHNEMANN.

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[No. 3.

HOMEOPATHY IN MIDWIFERY.*

Mr. President and Gentlemen,

It is my privilege to address you to-night on a subject of practical interest, which we meet in our everyday practice. I trust you will hear something which may be of some use to you and I shall benefit also by the remarks you make.

The relation of Homeopathy to midwifery is very intimate, as much as in every other branch of medicine, but here we may alleviate unbearable suffering, and make it more bearable and less painful by correctly applying the indicated remedy.

It must be clear to every true homeopath that it is impossible for anybody to be a specialist in any one subject, from only a medical point of view, because our system of treatment does not and cannot have any specifics for

* An address delivered at the Calcutta Homeopathic Society by
D. N. Banerjee, M. D. L. M.

disease. The province of the specialist is therefore confined to assisting nature in the mechanical process of delivery—
 or as Hahnemann has told us in “removing the causes” which obstruct or delay labour and prevent a rapid recovery after childbirth.

In midwifery we have a big field for the use of the remedy before, during and after labour. We have many remedies that are of the greatest use in all the different stages, but here we have to carefully differentiate between a case where medicine may do good and one where outside mechanical aid is necessary. When there is a profuse hemorrhage due to some foreign matter, such as a clot or a portion of placenta or membranes, the best thing is to clean out the uterus ; but we may also assist this mechanical help by administering the indicated remedy.

Now to take the various periods of pregnancy and labour into consideration. We have to begin with the period when the foetus is growing within the uterus. This is the time when we should begin our treatment. We can alleviate many of the sufferings of this period and we can also cure a tendency to abortion. If a case is taken in hand of a patient who seems to conceive naturally but who aborts regularly for some inexplicable reasons about the 3rd or 4th month and treated homeopathically, this tendency to abortion may be thoroughly cured and the patient made to carry the product of conception to full term and deliver herself of a healthy normal child. This homeopathic treatment will not only help the patient to carry her child to full term but it will also help the unborn babe to be healthy and strong. Dr. Allen used to say “The ills of the mother are the cries of the unborn child,” and this is very true ; for, it certainly seems to fit the unborn babe with a strong constitution and sound health in order to be ready to combat disease.

Next in order we come to the period after the commencement of labour. Here we have several remedies which are of the greatest value to us. The following remedies, among others, are most commonly used:—*Caulophyllum*, *Causticum*, *Cimicifuga*, *Gelsemium*, *Ignatia*, *Kali carb*, *Pulsatilla*, *Secale cornutum* and *Sepia*.

In *Caulophyllum* the pains though severe do not accomplish much. There is a rigid os and instead of the true labour pains, these pains pass off in all directions.

The *Causticum* patient has become tired and fretful on account of insufficient labour pains. Also the patient's history previous to the commencement of labour shows that she has been tired out by night watching and that as the result of this she has great relaxation of all the tissues, which finally prostrates the patient and causes inertia of the uterus.

Cimicifuga racemosa has a rigid os and during the first stage there are rigors or nervous chills. There are fainting fits on account of the severe labour pains, but these pains are not in the proper direction to effect expulsion of the child.

A round, thick, hard os, rigid and undilated, with pains going up through the uterus to the back, calls for *Gelsemium*. The patient is stupid and apathetic; she has muscular weakness due more to a weak will than to a really weakened condition of the muscular system. This weakness also gives rise to a sleepy stuporous condition.

In *Ignatia* there is a condition similar to that of *Pulsatilla*, in as much as the hysterical symptoms predominate—the patient sighs deeply and seems sad. There is fainting and the limbs tremble and this whole attitude does not tend to hasten the labour; therefore the labour does not progress at all.

The sluggish lazy woman who wants her back pressed on account of the sticking pains she has, requires Kali carb. The pains start from the back, but instead of coming in the proper direction, pass off down the buttocks. The sluggish constitution of the patient cannot stand the strain and after a while she becomes exhausted, and with the general exhaustion the uterus seems to be exhausted too, for there is a cessation of the pains.

If there were any specifics in Homeopathy, Pulsatilla certainly would be that one, and with it a homeopathic physician could alleviate the pains of a large majority of women who are confined. Quinine in doses of 5 to 10 grains takes the same place in the allopathic school as Pulsatilla does in ours; but our remedy certainly fulfils the requisites of a cure which must be speedy, gentle and permanent, while the other does not. In this (Puls.) the labour-like pains cause the patient to walk about the room to obtain relief. The patient thinks the child lies "so queer" that it will not be delivered. This feeling is not a fanciful creation of the patient's imagination, but often before the membranes are ruptured and the presenting part fixed does Pulsatilla remedy an abnormal presentation.

The next remedy we see is Secale cor., the great component of all Postpartum mixtures of the allopathic school. They would hardly dream of using this remedy before the termination of labour, on account of its effect on the circular muscular fibres of the uterus. But when the uterus is lax in a thin scrawny woman and she complains of a feeling as if everything seemed loose and open without any action, no other remedy would do away with this feeling, and rectify the irregular pains causing them to be exerted in the proper manner, than this.

Sepia is another remedy to be considered and is indicated

when everything seems to be coming out through the vulva. This causes the patient to cross her legs. There is also a general sensation of chilliness and a sensation of a ball in the anus.

Of course these few remedies dealt with are but a few of the vast number of remedies we have, yet these are most often used in labour and generally come to our mind at once.

The next sphere, where our remedies have an almost miraculous effect, is in Hemorrhages. Either in ante or post partum hemorrhages we can do a great deal with our remedies. Of course, as I have already said before, we ought to take into consideration the exciting cause in these cases of hemorrhage and remove it and then apply our remedy. The common things for stopping the hemorrhage must be done first—e. g. raising the foot of the bed, plugging the vagina or hot douches, and simultaneously with this we have to think of our remedies. Such remedies as Acetic ac., Bellad., Cinch., Croc. sat., Ham., Ipec., Sab., Sec., Trill., control hemorrhage where the patient seems to be bleeding to death.

Acetic acid has hemorrhage after labour with coldness and pallor and dyspnoea and with this there is thirst not ameliorated by drinking. In cases presenting such a totality of symptoms crude vinegar applied to the vulva has a very beneficial effect and is quite homeopathic in its use.

In the Bellad. hemorrhage there is a profuse discharge of bright red blood which feels hot to the patient. There is also a downward pressure and the least jar causes acute pain to the patient.

In cases where there is uterine atony and this persists obstinately after delivery, and the venous sinuses remain open and discharge blood, Cinchona is called for. The uterus is incapable of expelling the blood and so it accumulates, forming great big clots, which are expelled paroxysmally.

The patient is cold and blue and the excessive loss of blood causes weakness and fainting.

In *Crocus sativa* there is a passive hæmorrhage causing a dark, stringy viscid discharge—the slightest motion causing an aggravation. There is a great loss of tone in the uterus and the fibres are very lax, and this probably gives a subjective sensation as if something were rolling inside the uterus.

Hamamelis also has a passive hæmorrhage, but it differs in its flow which is profuse and steady. The patient is not at all anxious about her condition though she is greatly exhausted.

Ipecac is similar to *Belladonna* inasmuch as there is a profuse discharge of bright red blood. There is the nausea and vomiting of *Ipecac*, and every time she tries to vomit she has a gush of blood from the uterus. The flow is so profuse that it can hardly be controlled and soaks through everything.

When in the flow there are equal parts of clotted and fluid or dark and bright blood and when the slightest motion increases the flow, *Sabina* is indicated.

Secale cornutum also needs a word, not only because it is the principal remedy and main stay of our allopathic friends, but because it has a great field of application in its provings. The patient is thin and scrawny. She has a long protracted labour which causes a painless flowing of profuse venous blood aggravated by the least motion. Like *Camphor* and *Puls.* the patient wants fresh air and there is a general tingling relieved by rubbing.

Trillium pendulum is useful in women who are habitually disposed to have a heavy flow after every parturition. The patient becomes exhausted and has sinking in the stomach, the legs become cold and the patient feels as if all her bones were broken.

We have further the means of mitigating and saving a

great many patients from that dreaded accompaniment of labour—Eclampsia. In this though we do not know whether the toxin causing these eclamptic fits is created in the placenta or that an auto-toxin is generated anywhere else, we do know that our remedies can accomplish some wonderful results, when properly administered.

As I have already said, the treatment of our patient should begin during the early months of pregnancy and this will do away with the danger of eclampsia but when the fit is on and we have to do something or else our patient dies, we can think of the following remedies :—Acon., Bell., Cic., Gels., Hyos., Ign., Opium., Stram., and Verat. vir. among others.

In Aconite we have the great characteristic *fear of death*. The fits usually come on after a fright and are just beginning, the patient is very restless and thirsty ; she has a flushed face with a dry hot skin.

Belladonna has a condition different from this. The patient's face is bloated and puffed, the pupils are dilated and there is a semi-conscious state. When violent the patient wants to bite and strike with foaming at the mouth. She also complains of a sensation of going through the bed. In fact this is almost the first remedy to be thought of in convulsions.

The Cicuta patient has strange convulsions and frequent interruptions of breathing during the paroxysm. The eyes are fixed and staring, the jaws are locked and there is foam at the mouth. This remedy is most often indicated in post partum eclampsia.

In Gels. the attack is preceded by the usual lassitude and weakness peculiar to this remedy. There seems to be a lack of tone everywhere and therefore the patient seems stupid and there is great muscular prostration. She complains of the head feeling large or else of a stupefying occipito-frontal headache. The pains, when there are antepartum fits, go upwards and

backwards in the abdomen. All the muscles twitch and tremble during the spasm.

Hysterical or epilepti-form fits occurring during this period call for Hyoscyamus. The marked feature in this remedy is the deep sleep with the convulsions and the opisthotonous which also comes on during the convulsion.

The Ignatia spasms begin and end with groaning, sighing and stretching of limbs. Vomiting accompanies the fit and the patient's face becomes deadly pale. With it there is throwing back of the head.

The Opium spasms seem to be the reverse of Hyos. In that the stupor occurs between the spasms, while in Hyos. deep sleep occurs with the convulsion. The stertorous breathing is common to both the remedies, but in Opium the patient's face is bluish, the mouth open and the eyes insensible to light, though the pupils are dilated widely.

The characteristic in Stramonium is the fear shown by the patient on regaining consciousness after the fit. She is just as violent as the Bellad. patient and with Hyos. she wants to run away. There is also the *risus sardonicus* or sardonic grin on the patient's face with a low muttering delirium. Like Lyssin the fits are renewed by seeing a bright object.

In Veratrum vir like Bellad. the patient is extremely violent and there is a furious delirium. Like Opium there is deep sleep between the convulsions but the red strand in this remedy is the cold clammy sweat on the forehead.

One may go on indefinitely enumerating the various remedies that may be applicable ; but our difficulty lies in selecting the Similimum from amongst the vast array of our armamentarium. Of course all I have covered to-night is well known to you, but I hope, that though this is so familiar to you, my paper may refresh some point in your memory.

I thank you also for your kind attention and hope that any point in this paper may be satisfactorily elucidated by your discussing it.

SELENIUM.

BY P. C. MAJUMDAR, M. D.

Selenium is a metal akin to Sulphur. Its medicinal properties are very much like those of sulphur. Trituration is prepared for medicinal purposes. It was proved and introduced in medicine by Hering. In the mental sphere dullness and great debility are its characteristics. Mental labor fatigues him ; lascivious thoughts with impotency. Weakness is found in all parts of the body. Weakness caused by the heat of the sun is ameliorated by Selenium. Great weakness causes irresistible desire to lie down and sleep. In India and in hot countries like this, people generally get exhausted by the rays of the sun and debility results. Here Selenium is the great remedy.

Debility after typhoid fever. The patient fears that he will be paralysed.

In sexual organs, especially the male, the action of Selenium is profound. We have the following symptoms on male sexual organs.—

Erections slow and insufficient.

Semen emitted too rapidly ; weakness of loins.

Semen thin and without normal odour.

Lewd thoughts but physically impotent.

Impotency ; involuntary dribbling of semen at night ; spermatorrhœa.

We have cured numbers of cases of sexual debility, even impotency by the judicious application of this remedy in various potencies ranging from the 30th to the 200th.

Nervous debility after coitus or seminal emission. Also from overstudy, indulgence in alcoholic drinks and working in hot sun.

In some disorders of the liver Selenium is an important medicine. Pain in the region of the liver aggravated by taking a long breath and sensitiveness to external pressure. Enlargement of the liver with loss of appetite especially towards morning.

We have been able to cure a case of chronic enlarged liver with occasional pain in this region by giving Selenium 200, one dose a week. We gave this remedy for his sexual disorder, namely great sexual weakness from over-indulgence in sexual acts, night emissions and flaccid state of the genital organs.

When greatly benefited in this respect, he said that his liver disease has been almost cured and he got no return of pain in the liver since taking this medicine.

We very often cured hoarseness with this remedy. The following symptoms are worthy of recording :—Voice husky when beginning to sing or from talking long, hawks transparent lumps every morning. Hoarseness after long use of voice, frequent necessity to clear the throat on account of accumulation of clear starchy mucus.

It is very useful in laryngial phthisis. Tubercular laryngitis, raising small lumps of blood and mucus. Tendency to hoarseness ; cervical glands swollen hard but not painful. Upon the skin the action of this remedy is remarkable resembling sulphur closely.

Itching in folds of the skin between fingers and about joints, particularly ankle joint.

Frequent tingling in small spots of skin with great irritation to scratch ; spots remain humid.

Itch checked by mercury or sulphur.

Hair falls off on head; eyebrows, whiskers and other parts of the body.

Peculiar symptoms as recorded by Dr. Clarke are the following :—

Very forgetful in business, but during sleep dreams of what he had forgotten.

Coriza ending in diarrhœa.

Hungry at night.

Longing for spirituous liquors, an almost irresistible maniacal desire.

Sensation as if a biting drop were forcing its way through the urethra.

Irresistible desire to lie down and sleep ; strength leaves him suddenly, especially in hot weather.

Very great aversion to a draught of air, either warm, cold or damp. Aversion to salted food.

Pulsation in whole body, especially in abdomen after eating. Dr. Clarke verified this symptom.

Great emaciation of face, hands, legs, feet, affected parts, and single parts.

SLEEPING SICKNESS AND CIVILISATION.

The first of a series of four Gresham Lectures on "Sleeping Sickness" was delivered by Dr. F. M. Sandwith at the City of London School. He mentioned Livingstone's account of the tsetse fly and its effect on cattle and horses, and passed on to describe the investigations of Colonel (now Sir David) Bruce into the disease as it affected animals in Natal. We had not yet found either a preventive or a cure, and we must seek to render domestic animals immune, or discover some drug or serum that would prevail against the malady. One kind of tsetse fly gave the fly-disease to cattle, and another kind gave the sleeping sickness to man. The first

mention of the disease, though not under its present name, was in a book by John Atkins, published in 1742. The disease was known to affect slaves, one of the signs being "neck-stones," or swellings in the neck, and Arab traders who found a slave in the interior suffering in this respect preferred to knock him on the head rather than convey him to the coast. The disease was spread by the slave trade and imported into the West Indies. Often enough civilised man brought evils in his train into previously immune savage regions and it was believed that Stanley unwittingly helped to carry sleeping sickness from the centre of the Dark Continent to districts where it had never previously been known. His Emin Pasha Relief Expedition must certainly have brought many infected men along with it to the Lake regions, and possibly introduced the disease there, and Wadelai, where Stanley met Emin, had ceased to exist. The British Government, faced with a disease which threatened to destroy the whole people, arranged with the Royal Society to send out a Commission, a detailed account of whose work would be given in subsequent lectures.

I. D. N. 13. 3. 12

ASIATIC CHOLERA.

BY NOGENDRA MOHON CHOUDHURI, Hering College, '10.

History of the Disease.

Since the dawn of humanity the one great scourge that has lashed more souls to eternity than any other, is the Asiatic cholera. The twin brother of death, the ghastly chum of hideousness it has broken more hearts than all the evils of the world put together. It existed in India long before the birth of Christ, as we find in the immortal writings of Charaka, the great Indian *Æsculapius*' description of a disease very closely resembling Asiatic cholera. Ever since then it has been devastating our globe under different names in different parts. In 1347 and 1350 it secretly made its way to Europe along the eastern shores of the Mediteranean, and according to computation carried off a fourth part of the population of that section of the globe. The pestilence of 1771 carried off a like number from the

same continent. Then again the great plague broke out in 1817 in a much more virulent form than it ever did before. The home of this outbreak was the neighbourhood of Jessore, a district in the delta of the Ganges. What was the eruption of the Vesuvius compared to this overwhelming disaster that followed the birth of this lethean babe? Nurtured in dirt, filth and superstition it started upon its errand in regions vaster than the lava of Vesuvius could ever reach. After stamping deep furrows in the smiling sweet face of India, it reached the Burmese empire, the kingdom of Aracan and the peninsula of Malacca, thence to China, Tartary, Java, Sumatra, the Philippine Islands, Arabia, Persia, Russia, Hungary. It baffled all attempt to check its course or mitigate in any way its appalling influence. It reached the British Isles in 1831 and from there made its way to France, Spain and the great American continent. Hundreds and thousands of fair villages and towns were deserted. The immense globe looked like a vast grave yard, enveloped with a sheath of mourning, chill and despair. The sun shone as ever, fair winds blew, but the solemn silence of this weird, deathstricken land seemed to penetrate even into the region of eternity, to the few surviving souls, pointing the thin, impalpable curtain separating them from their Maker.

Bacteriology.

Startled by this great mortality the German government sent a commission to Egypt and India with Robert Koch at its head with a view to determine the causative factor of this disease. In 1884 Koch announced to the world his great discovery of the comma-bacillus. It is always found in the intestinal canal of those suffering from the disease. It will grow and develop in culture media and from these media the disease can be reproduced. It multiplies by transverse division, and the segments separate in gelatinous media or in the intestinal mucosa. When two unite together they form an S-shaped structure. These micro-organisms elaborate a toxin very soluble and highly diffusible, which passes into circulation and thereby produces the constitutional and especial symptoms the

severity of which is in direct ratio to the amount of absorption of the poison.

Modes of Infection.

It has been demonstrated beyond doubt that water is the main channel through which the infection spreads. The bacilli escaping from the interior of human body find ample means to prolong their life in water, food and moist earth, thence they make their way again into the human system and work their 'havoc. Of course, in order that the disease may be produced in a given person, conditions favorable to the reception, growth and elaboration of the bacillus must be present. These conditions are known as the predisposing factors and when they are propitious the exciting cause being present the disease is produced. In times of severe epidemics virulent cholera-bacilli have been found in the normal stools of healthy men and cultures made from these have been swallowed with immunity by many.

There is another theory known as Pattenkofer's theory which maintains that the germs develop in the sub-soil, and thence they rise into the atmosphere as miasms. Being a country man of Asiatic cholera and having the unenviable honor of watching several epidemics in which I had to pay a very heavy dividend of my country's misfortune in the shape of loss of friends and relatives, I noticed every time the causative relation between the disease and the drinking of contaminated water. The Hamburg epidemic is another illustration to the point. To regard Pattenkofer's theory as the only truth and the whole truth would be therefore at variance with good reason and sound logic.

Both sexes are equally subject to the disease and age makes no difference, but persons debilitated and weakened by intemperance, starvation and disease are especially subject to it. Strong mental emotions, such as fear, anxiety and despair are very important predisposing factors of cholera. I remember, fifteen years ago, of an epidemic that broke out in our little town of Pabna. The constant rattling of funeral processions and death, death and death on all

sides so unnerved me that I thought I was going to get it, and I pretty nearly got it too. This can very well be explained from a physiological point of view. The secretion of gastric juice is much influenced by the nervous condition. We are all aware how anxiety, vexation, displeasure, jealousy will take away the appetite and cause indigestion.

Cholera occurs mostly on sea coasts and does not prevail so extensively in high altitudes.

Pathology.

During the progress of the disease the organs and tissues of the body undergo grave pathological changes. The very first effect of the toxin is an increase in the flow of secretions from the glands into the intestine. Catarrhal inflammation soon sets in; solitary follicles and Peyer's patches swell, intestinal glands increase their work, hemorrhagic spots appear in the sub-mucosa, the interior of the intestine soon becomes filled with an abundant transudation resembling gruel or rice water. As the disease progresses the epithelial desquamation becomes more extensive.

After death all the internal organs look dry, pale and anæmic, the left ventricle is usually found contracted with the blood mostly in the veins and the right heart. The blood is thickened, clotted and dark with a remarkable diminution of its elements of salts and water. The spleen is small, the kidneys become swollen and congested with marked signs of parenchymatous nephritis. The lungs collapse.

The rigor mortis occurs early and disappears late. There is often a marked post-mortem elevation of temperature. Post-mortem movements of various degrees are reported. Some have been known so far as to change their position in their coffin, not to speak of slight changes in the position of their limbs. The anuria during sickness is probably due to the great water abstraction and the condition of the kidney. The cramps too may be explained from the great deficiency of the watery part of the tissues.

Symptoms.

The disease is generally divided into the three following stages :—

1. *The Stage of Preliminary Diarrhœa.* During the period of incubation of about two to five days there are slight colic, indigestion, and uncomfortable feeling in abdomen. The disease is then ushered in with a sudden attack of diarrhœa. The evacuations are profuse, painless, at first of a feculent bilious character, but soon changing to a rice water or gruel-whey consistency. A single stool will measure about half a pint. They are colorless and odorless, alkaline or neutral in reaction, and on standing deposit a finely granular grayish-white sediment. Their composition shows one or two per cent of solid matter ; small amount of albumin ; a large quantity of sodium chloride ; some epithelial cells, numerous micro-organisms.

2. *The Stage of Collapse, Algid Stage.* Soon after the onset of diarrhœa vomiting sets in. Sometimes late in the disease the vomiting becomes projectile. The vomited matter at first consists of the ingested material, then changing to a fluid, the transudation from the gastric and intestinal mucosa. The diarrhœa increases, evacuation taking place every few minutes followed by collapse and cramp. The thirst at this stage becomes very great, the tongue becomes furred, thick and dry. Accompanying and following the emesis the hiccough appears which is a very disagreeable, annoying and alarming symptom.

At the onset there may be acceleration of the heart's action amounting almost to tachycardia, but as the disease progresses with signs of exhaustion and weakness, the heart sounds become faint, the pulse very quick and small at times almost disappearing. The face and extremities grow icy cold, the eyeballs sink into the socket, the cheeks become hollow, the voice husky and the skin almost ashen gray and cyanosed. Nothing exposes the horrid vanity of human life in all its ugliness more than this disease, for "almost as you gaze upon him the stout, healthy-looking, rosy-checked, handsome youth becomes changed into a thin cadaverous, ashen-hued

old man ; sometimes the lips are drawn into a spectral sardonic smile and a ghastly expression, the shadow of death comes over the whole face."

The temperature sinks in mouth and axilla—it may show sometimes eight or ten degrees below normal while the rectum gives a temperature of 103° or 104°.

This stage lasts from two to twelve hours. Slowly and silently the patient sinks—the apathy deepening into lethargy, the lethargy into coma and the coma secretly merging into dissolution.

3. *The Stage of Reaction.* When the patient survives the collapse, the severe symptoms gradually wear off, the temperature rises, diarrhœa ceases, urine increases in quantity ; strength returns. Not infrequently, however, there is a recurrence of the trouble and the patient passes into a relapse or turns to a condition of what has been termed cholo-a-typhoid.

Diagnosis.

The symptoms of Asiatic cholera are so prominent and peculiar that mistakes in diagnosis are rarely made. The only affections with which it may be confounded are cholera morbus, summer diarrhœa, and certain cases of poisoning by arsenic and corrosive sublimate.

Excessive painless evacuations are almost pathognomonic of Asiatic cholera, but there are cases of cholera sicca or dry cholera in which death occurs without this important symptom being at all present. The prognosis according to the mechanical school of medicine (by mechanical school of medicine I mean that school which believes in curing a disease by cutting out the diseased part or only suppressing the external symptoms of the disease, thereby making the whole thing more complicate than ever, but very successfully fooling the patient), is very *grave* indeed. In very severe epidemics the mortality goes up as high as 90 or 95 per cent, but under pure homœopathic treatment the result is very gratifying. The people of India seem to have appreciated this point very well, in-as-much as during these epidemics they almost invariably place them-

selves in the hands of homeopathic physicians. I have seen many people die without any treatment at all simply because they could not get any homeopathic doctor, they being all too busy to attend any more.

Treatment.

The literature for the treatment of Asiatic cholera is very interesting. The treatment ranges from the profoundest of superstitions to the boldest flights of impudence practised under the protecting wings of science. In Russia to protect their homes from the ravages of this demon a troop of maidens at the very dead of night walked in procession around the village dragging a plough and intoning invocations.

Another genius of a scientific turn of mind invaded the abdominal cavity surgically, but his percentage of death reaching an even one hundred his plan could hardly become popular. One physician, of course belonging to the scientific and therefore the dominant school, actually proposed a treatment of stopping the anal canal with a suitable and especially prepared cork. His brethren of the present time unknowingly follow his foot marks when they prescribe opium, morphia, creasote, hydrocyanic acid, creolin, etc., in big heroic doses.

Nowhere has Homeopathy vindicated its truth better than in the treatment of Asiatic cholera. Is it for nothing that we, people of India like, love and worship Homeopathy? Were it not for Homeopathy India would have been almost depopulated by this time.

—*Hering Quarterly.*

BELLADONNA.

(Continued from Page 60, No. 2., Vol XXI.)

The congestive and abdominal headaches of *Nux vomica* come after debauch, after drinking coffee, every morning on waking, after eating, in the open air. Although the headache is very severe and gives the patient the sensation as if his

skull would split, there will be very little chance of a confusion between Nux. vom. and Belladonna.

Belladonna is very useful in sun-strokes and the conditions to indicate it have been already stated. It is generally indicated in the first stage of the disease.

Belladonna is one of those remedies that first come to our mind in cases of apoplexy. As every case of apoplexy is preceded by violent cerebral hyperæmia, we have the use of this remedy confined to the *preliminary stage of this trouble*. It is not likely that this remedy will have any direct influence over the extravasated blood itself, so it is prescribed with success in the first ten or twelve hours of the attack. There is yet another affection where we use Belladonna with great advantage and that is an inflammatory affection of the membranes of the brain. Here also as in apoplexy the remedy is useful in the early stage before inflammation has progressed far to the stage of exudation.

Belladonna is no doubt our main remedy in convulsions; it is particularly indicated in robust corpulent children with unmistakable symptoms of *cerebral congestion*. In cases of poisoning with Belladonna we get exactly the symptoms of convulsion which demonstrate with remarkable accuracy the truth of the principle of similarity as a therapeutic maxim. It is equally useful in puerperal eclampsia for it presents exactly the same symptoms.

Now we come to epilepsy. It is one of those trying of neuroses where homeopathy has done wonders. It requires great power of observation to cure such cases. We must find out the exciting cause if any. We have to take notice of the aura, where it begins, how it travels, where it ends, its nature and such other points which help us to individualise the case. We use Belladonna *in recent cases with decided brain symptoms*. The aura is peculiar in that he feels like a mouse

running over an extremity or as if heat is rising from the stomach. The convulsions commence in upper extremities and extend to the mouth. There is sometimes a peculiar clutching sensation of the throat during the fit, which makes it difficult for him to swallow. The spasms are excited by the least touch. The sensation of a mouse running over is also to be seen in Sil., Sulph., Ign., Calc ost, and Nit. ac., but the totality of symptoms will help us to decide. In Nux vom. too we find convulsion brought about by least touch but it is a convulsion with consciousness. On these symptoms also it is indicated in tetanus and convulsions of other varieties.

We have next to speak of the action of Belladonna on the skin. There is at first an erythema, a condition midway between hyperæmia and inflammation, of the skin which becomes bright red, glossy, and exceedingly sensitive to touch. The part becomes hot and imparts a burning sensation to the examining hand. Sometimes this condition becomes general and we have an uniform scarlet redness of the entire surface of the body. The heat, the redness, the restlessness are also found under Aconite but the uniform, smooth and glossy appearance of the skin always points to Belladonna. Sometimes the erythema passes on to real inflammation. The parts around the neighbourhood become œdematous, suppuration soon intervening, burrowing deep into the cellular tissue. Belladonna is still the prescription and the symptoms on which it is indicated are the violence and the suddenness of the symptoms, the sharp lancinating stinging pains associated with great deal of throbbing, high fever, and cerebral complications. Here is a true picture of phlegmonous erysipelas.

When the inflammation passes on to mortification, we have other remedies to think about; such as Lach., Crotalus hor., Ars., Sec. and Carb. veg. Apis and Rhus tox come in

after the stage of Belladonna is over, but before gangrene has set in. They are therefore adapted to a higher grades of the disease than Belladonna.

In Rhus we meet with a *copious vesication* over the inflamed area ; the fever, though very intense, assumes an adynamic type. The tongue becomes dry and the great nervous excitement becomes superseded by a sort of soporous stupefaction.

Apis is useful in the *œdematous variety of erysipelas especially of the face*, travelling from the right to the left side.

Belladonna is also great for boils, abscesses and carbuncles. In this it is similar to Arn., Hep. sulph and Merc. In Arnica we have crops of small boils and they are very painful to touch. Hep. sulph. brings about suppuration in boils just as sensitive. Merc. has a dual action, for it helps suppuration as also it promotes absorption and we use it after pus has formed or is about to be formed. It is for this action of Belladonna over boils and abscesses that it becomes useful in tonsillitis and quinsy. The throat feels raw and sore and looks red and shining. There is intense lancinating and throbbing pain ; the cervical glands become inflamed suddenly. There is great dryness of the mouth with constant desire to swallow, but swallowing hurts as the throat feels too narrow for anything to pass through it. That is why we get *impeded deglutition or entire inability to swallow, even liquids which return by the nose.*

These are the symptoms very often met with in sore throat and prescribed on these Belladonna will make marvellous cures. These symptoms also remind us of Acon., Amygdala amara, Canth., Hep. sulph and Ignat. All of these have got phlegmonous angina but every one of them is good in its own individual case.

In Acon. the burning, the contraction of the throat during deglutition, the high fever, the great sensitiveness of the throat to touch, etc, are as marked as in Belladonna but the *dry heat, the burning unquenchable thirst, the great restlessness, the fear* are alone sufficient to establish the undisputed identity of the remedy.

Amygdala amara is very much similar to Belladonna and it has cured many cases where Belladonna was ineffectively used. It causes a dark injection of the fauces, uvula and tonsils, marked prostration and sudden sharp pains during swallowing.

It is easy to differentiate Belladonna from Cantharis. The latter remedy is useful in cases a little more advanced where the gangrenous process has commenced. Here too as in Belladonna the symptoms come on with great rapidity. Swallowing is just as difficult, for here too the water drunk returns by the nose. The constriction is just as marked, but the *great heat and burning* of Cantharis is wanting in Belladonna. *The highly inflamed throat of Cantharis feels as if on fire and it is covered by plastic lymph.*

Hepar sulph. presents a very similar picture to that of Belladonna. The smarting, the roughness, the rawness of the fauces, the heat and scraping in throat, the great sensitiveness to pain, to atmospheric changes, to cold and slightest draught, the swelling of the tonsils and cervical glands are all present here but the most peculiar symptom that our Hepar Sulph. patient feels is that some *pins or splinters are lodged in the throat.*

In Ignatia, our "remedy of contrasts", we meet with some points of similarity and dissimilarity. The pains extending to ears are worse between the acts of deglutition and are better by swallowing solids.

Belladonna is very useful in affections of the larynx. We

use it in acute laryngitis, croup, diphtheria and so on. The symptoms calling for it are :—Hoarseness and roughness of voice amounting sometimes to complete aphonia. The *vocal cords look bright red*. He can hardly swallow on account of a soreness and a sensation of fullness in the dry larynx. On account of this irritable and inflammatory condition of the larynx and trachea we meet with a paroxysmal dry cough. It is excited by a sort of tickling there. In children the *cough becomes preceded by weeping* and sometimes the *paroxysm ends with sneezing*.

Next we come to deal with Belladonna in its action on the female sexual system. It is useful in all uterine displacements. This displacement becomes manifest by its symptom of pressure in pelvis *as though every thing is coming down through the external genitals, especially in the morning*. There are great heat and dryness of the vagina. Sharp pains come and go suddenly leaving the pelvis and back so sore that she can hardly move. We naturally expect this bearing down sensation to get worse in a perpendicular position but the strange feature about it is that *it feels better standing and gets worse lying down*. We have prolapsus of the uterus also in Actea race., Lilium tig., Nat mur, Sepia and other remedies, but each of them is different from the other, so there is really no danger of confusion.

In, : Actea race. the bearing down sensation is mostly in patients of *neuralgic or of rheumatoid diathesis*.

In Lilium tig. the bearing down sensation is so very great that she must put her hand on the vulva to prevent everything from coming out through the vagina. She dates all her troubles and pains from a miscarriage.

Our Nat mur patient has to sit down every morning to prevent prolapsus. She is also troubled with a violent headache every morning as she awakes. She imagines there are

robbers in the house at night and nothing short of a thorough search of the house will quieten her.

Last of all we come to Sepia. The bearing down sensation is very marked here. She feels she must cross her legs to prevent the organs from coming out of the vagina. The aggravations and the ameliorations are just the reverse of those of Belladonna.

Belladonna is almost indispensable in cases of metritis where the tympanitis is very marked. The abdomen swells up like a drum and becomes very sensitive to touch so much so that she wants nothing to come in contact with her abdomen. The least jar hurts. The bearing down sensation that we have just mentioned is there. *The marked cerebral irritation*, the sudden appearance and disappearance of pain, the high fever, the involuntary urination make the prescription a certain success. Hartman says—"If the inflammation sets in after confinement, the lochial discharge is arrested, the placenta adheres or is discharged in the shape of an ichorous fetid liquid with violent burning and a sensation of fullness in the vagina, the employment of Belladonna is called for so much more pressingly."

Sometimes during nursing the mother's breast cakes up on account of an excessive accumulation of milk; and unless the milk is dispersed, inflammation sets in quick. The breast feels heavy and hard and *red streaks run like radii from a central point*. The throbbing pains are very torturing. A few doses of Belladonna will clear the whole thing up like magic.

Belladonna is one of our great hemorrhagic remedies. The blood is *bright red and hot*; sometimes it may be offensive with clots of dark decomposed blood. We have to use it often in bad cases of dysmenorrhœa when these symptoms are present.

We have not yet spoken of the fever of Belladonna, but we have said enough about the general features of the remedy. Now a few words in particular. The fever begins with a chill and it is a *congestive chill* that we have. There are *violent, bursting frontal headache, dilated pupils, dread of light and noise*, accompanying the chill. *The feet become icy cold, they can scarcely be warmed while the face looks flushed and bloated.* There is scarcely any thirst during this stage.

The stage of heat is very violent indeed. The thirst becomes great but the water drunk seems to be too cold. There is great *burning of the whole body, internal and external.* The pungent heat of the Belladonna patient gives us the sensation of steaming vapour. The congestion that we have already noticed becomes still severer. We get *violent throbbing of the carotids, with red face, delirium and restlessness.* In spite of this heat the patient is *sensitive to the least draught of air.* He always covers himself up and we notice *sweat on covered parts only.*

The pulse is always a good indication for Belladonna. It is full, bounding and globular. It is like the stroke of a small hammer against the examining finger.

The tongue, too, is quite characteristic of Belladonna. It is dry and covered with a white clammy fur and much tenacious yellowish white mucus. Sometimes the tongue becomes inflamed and looks quite swollen with prominent red papillæ. Very often we meet with the strawberry tongue characterized by the deep redness of the papillæ.

Belladonna is highly useful for many affections of the stomach. We may need it in gastritis, gastralgia and other kindred troubles. The symptoms calling for it are *the hard and painful pressure in the stomach especially after a meal, the nausea and vomiting.* The pain generally is of a violent, recurring and of a transient nature. Sometimes it is

growing pressing and cramping making the patient *bend backwards*.

In inflammatory affections of the abdomen, for example in peritonitis, we use Belladonna when we find *great distention of the abdomen, high fever, extreme sensitiveness of the abdomen to touch*, so much so that it can hardly bear the bed-cover and the pressure of the clothing. During pain the transverse colon protrudes like a pad all the way across the abdomen.

We must not overlook Belladonna in dysentery where the stools are thin, greenish, mucous with blood intermixed, or white papescent and fecal. They are small in quantity, frequent and involuntary. Sometimes during dentition of children, and in summer complaints of babies, Belladonna comes in very handy where Cham. and Pod. fail. I remember a case of an infantile green diarrhoea that I was called on to treat in the beginning of my practice. It was one of those persistent and trying of cases that every one of us meets with in the course of one's practice. The stools were green and the period was that of dentition.

The child's abdomen was highly tympanitic. His diarrhoea was worse precisely after each meal, the irritability of temperament was very great. He seemed to suffer from an abnormal appetite. Arg. n., Arsen., Cham., Colo., Magn. c., Merc. v, Crot. Tig., and Sulph. were all tried but they were tried in vain. The diarrhoea, inspite of all attempts, continued for about two months when one fine morning to my surprise I found the child pretty nearly cured. The stools were gone and I was told that for the first time during this long period of sickness the child had a nice night's rest. Of course I attributed this to my last remedy and felt jubilant over my success. I have not mentioned yet the fact that the child's father was pretty well versed in our materia

medica and previous to that morning of my surprise he took the liberity of prescribing a dose of Belladonna 200.

(To be continued.)

N. M. CHOUDHURI, M. D..

DIPHTHERIA.

By H. HENDERSON PATRICK, M. D., Glasgow, Scotland.

It has been my experience, and I presume it has also been yours, when talking to orthodox medical men regarding Homeopathy and the results to be derived from homeopathic treatment, that they almost invariably turn the conversation to the treatment of Diphtheria. The orthodox physician seems to feel that here, at any rate, he is on safe ground. The homeopath will surely not have the temerity to claim that the results of homeopathic treatment of diphtheria are better than those to be derived from treatment with anti-diphtheritic serum.

It is not my intention to discuss the merits and demerits of anti-diphtheritic serum. No one, of course, will deny that its use is a tremendous advance on the methods of treatment adopted by the orthodox school prior to its introduction. I have always held, however, that the results of serum treatment are inferior to those which can be obtained by the use of remedies selected according to the laws laid down by Hahnemann.

Holding such views, I have often found my arguments with medical men seriously hampered by the absence of statistics to back my assertions. Consequently, about a year ago, I began to note more carefully, the results of the homeopathic remedy in cases of diphtheria. In order to compare results of the two treatments, I thought the best method would be to find how long the bacilli remained in the throat, after the commencement of treatment, in each case.

Unfortunately for my purpose, the sanitary arrangements in Glasgow are excellent, and cases of diphtheria are not common.

During the year, only three cases have come under my observation. As two of these are of considerable interest, I shall briefly detail them.

The first was a man, forty years of age, a patient of Dr. Gisbon Miller's. He consulted Dr. Miller last October about a painful throat of about twenty-four hours' duration. At that time the symptoms had not developed, and Dr. Miller found nothing on which to prescribe except the fact that the pain had started on the right side and had spread to the left.

The prescription made was *Lycopodium* 30. The following day the patient reported being much worse, and Dr. Miller, having an excess of work at the time, asked me to take the case.

I found the patient lying with his head over the side of the bed, while thick, ropy, blood-stained saliva ran out of his mouth.

Throat : The pain was very acute and kept him awake all night.

For some hours prior to my seeing him he had been unable to swallow anything, even a mouthful of water. He had noticed, however, that before the throat became so painful, cold things could be swallowed with more ease than hot.

Pain worse on the left side.

Examination revealed a patch of white membrane about the size of a threepenny piece, on the left tonsil.

Glands about the angles of the jaw were slightly enlarged and tender, especially on the left side.

Marked aversion to having anything around the neck.

Temperature was 101.8° and the pulse, rather feeble, about 120° per minute.

In spite of the fact that the throat symptoms had started on the right side and spread to the left, the other indications pointed so strongly to *Lachesis* that I had slight hesitation in prescribing that remedy. Fincke's 1m potency was given dry on the tongue, every four hours.

When I visited the patient the following day, his wife informed me that he had been up and had had a hot bath and he expected to be at business again next day. He admitted however,

That he had felt very weak after the bath and it was not difficult to persuade him to remain in bed.

The membrane had completely disappeared from the throat, which, except for a slight redness, appeared quite normal. Both liquids and solids, either hot or cold, could be swallowed without pain.

Temperature and pulse were normal.

Saccharum lactis was substituted for the Lachesis. The throat gave no further trouble. A few days afterwards some stomach symptoms cropped up, for which Lycopodium appeared indicated. They were speedily removed by that remedy.

A swab taken from the throat at the beginning of the illness revealed the presence of Loeffler's bacillus. One taken three days after the Lachesis was given and another a few days later ; both gave negative results.

Besides showing the rapid disappearance of the bacilli from the throat, this case, I think, brings out very clearly the complementary relationship of Lycopodium and Lachesis. The fact that the pain in the throat travelled from right to left, although the indicated remedy was undoubtedly Lachesis, might be accounted for by assuming that the patient's chronic remedy, prior to the acute onset, was Lycopodium. This assumption would appear to be borne out also by the stomach condition, calling for that remedy after the acute attack had passed.

The second case was a lady, twentyfour years of age, who had been under treatment for some time previous to the diphtheria, for chronic rhinitis and deafness. On the 10th of April last, she came to me complaining of pain in the throat and general weakness, of twenty-four hours' duration.

Throat : Pain was worse on the right side and extended to the ear, on swallowing.

She could swallow food of a medium temperature more easily than anything either hot or cold.

It had been much worse at night than at any other time of the twenty-four hours. There was a small patch of gray membrane

on the right tonsil, with marked congestion of the entire pharynx.

Tongue was thickly coated and of a dirty yellow color ; its edges were indented.

The prescription was Mercurius sol. 30th, every four hours until the pain was relieved, combined with rest in bed and a liquid diet.

As this patient lived a considerable distance away, I asked her friends to inform me of her condition, daily. On the following day, 11th of April, she was reported to be feeling stronger, although the throat continued painful. The Mercurius was continued, three times daily.

On the 12th the throat was much easier and on the following day, when I saw her, the pain was almost gone.. The throat was much less congested and it was just possible to make out where the membrane had been.

The tongue was not quite clean although much improved.

Temperature and pulse were normal.

I suppose it must have been with the idea of hastening the cure that I was tempted to give two doses of Mercurius 200 before placing the patient on Sach. Lac. I had occasion to be from home for two days after this. When calling, on the 16th, I was informed that on the 14th (the day following the giving of the Merc. 200) the throat was considerably worse and it continued so on the 15th. Then the patient's mother, thinking the condition due to the absence of an evacuation of the bowels, gave an enema. The result was satisfactory so far as concerned the bowels, but the patient was so exhausted afterward that she fainted.

Throat (on 16th, when seen) was found distinctly more inflamed than on the 13th. A small superficial ulcer appeared on the right tonsil.

The pain was less than on the two preceding days.

Realizing that the patient was suffering from a Mercurial aggravation, I gave two doses of Hepar Sulph. 5m, four hours apart. After twenty-four hours the pain had disappeared from the throat and the patient was in every respect normal.

Bacterial examination revealed the presence of diphtheria bacilli in a swab taken from the throat on the 10th, and negative results from swabs taken on the 13th and 16th, when clinically it was worse.

The third case occurred in a boy, seven years old, and presented no special features of interest. A swab from the throat at the beginning of the treatment revealed the presence of diphtheria bacillus and one taken two days afterwards gave a negative result.

All the bacteriological examinations were made by the Glasgow sanitary authorities. I have it on the authority of Dr. Buchanan, city bacteriologist, that under orthodox treatment the bacilli remain on the throat, on an average, for twenty-two days after the commencement of treatment, and that in nine per cent of cases they are present after six weeks.

It is obvious that we cannot generalize on three cases and it is for this reason that I have brought these cases to your notice, in order, if I could, to induce some here to note their diphtheria cases in a similar way, so that, in as short a time as possible, we might have a sufficient number of cases for statistical purposes. I feel sure that if we could place hard facts before some of our orthodox friends, indicating that our treatment is superior to theirs, even in such a disease as diphtheria (for which they claim, and not without some reason, to have found something in the nature of specific treatment,) it would not be difficult to interest them in the teachings of Samuel Hahnemann.

—*The Homeopathician.*

CIRRHOSIS OF THE LIVER.

It is a very dangerous malady but in its early stage we have been able to cure some cases by the indicated homeopathic remedies.

Argentum nitricum is often very useful. We have been able to cure a child suffering long from malarious fever,

reduced in body and emaciated, liver hard and painful, before jaundice set in. When in such cases jaundice takes place, there is no hope of cure.

Bryonia is another useful remedy in the beginning. Stitching pain, obstinate constipation and fever.

Calc. carb.—Its symptoms are :—Liver enlarged and indurated, constipation, constant cold and catarrh. Calcarea arsenic is a very important remedy. We are able to cure more cases with this than with any other remedy. Bowels loose, diarrhaic, fever in the afternoon. Our cases are mostly among young children.

Lachesis is resorted to in the later stages of the disease, before jaundice supervenes. Liver hard and painful. It is of use in drunkards.

Lycopodium is valuable with gastric and intestinal complications, even in cases of jaundice and dropsical effusion. Accumulation of wind in the stomach and intestine. Bowels may be loose or constipated. Fever in the evening.

Mercurius helps us in many even obstinate cases. In young children Merc. vivus is more appropriate than any other. Diarrhoea, tongue yellow and has imprint of teeth. Liver very much enlarged and indurated. Aggravation at night and from profuse perspiration.

Nux vom is a grand remedy. Derangement of liver from bad eating and drinking, constipation, morning fever. Liver painful on pressure and indurated. Phosphorus:—Waxy and yellow atrophy of liver. Vomiting and diarrhoea, jaundiced eyes. It is useful even in cases of dropsy.

Sulphur helps us in many cases. It may be used as an intercurrent remedy. Diarrhoea, bulimia, low fever, insomnia and dropsy.

P. C. M.

THE INDIAN HOMEOPATHIC REVIEW

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Collateral Sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute
medicine. — HAHNEMANN.

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[No. 4.

HAHNEMANN ANNIVERSARY.

The birthday of Hahnemann was celebrated as usual in India by the homeopathic profession of Calcutta. The president and members of the Calcutta Homeopathic Society invited all their friends and co-labourers in the field of homeopathic practice. Unlike other years, the meeting was held not in the house of any individual practitioner but in the spacious and commodious hall of the newly built Homeopathic Hospital. Among those present we noticed the following gentlemen :—Sham sul Ulama Moulavi Ahmed, Moulavi A. M. M. Wazih, Drs. P. C. Majumdar, D. N. Roy, J. N. Ghose, G. L. Gupta, S. L. Mitter, Barid Baran Mukerjee, S. K. Nag, A. M. Bose, S. Goswami, Sreehari Ghose, T. Palit, A. N. Mukerjee and others.

Dr. J. N. Majumdar as President of the society welcomed the guests. In doing so he said :—

As President of the society, gentlemen, I beg to extend to you all a most cordial welcome on behalf of myself and the members of the Homeopathic Society.

This is an auspicious occasion. Justly it has been the custom of Calcutta homeopaths to meet together on the birthday of the founder of Homeopathy since the days of Leopold Salzer and Mahendra Lal Sircar. It was with very great regret that I heard one of our senior colleagues, with whom I had the honour to meet in consultation the other day, remark that Homeopathy and homeopaths are not as well eulogized by the papers as it used to be the case in the days of Dr. Sircar. Gentlemen, I might say that I differ from him in my views about the matter. It is indeed true that Dr. Sircar's was an august personality. But I think we have made tremendous strides since his days. We do not meet with half the ridicule and professional ostracism that they received. Then again our number is much larger than it was in his days, as this meeting of this evening testifies. This hospital is the property of the homeopathic profession. In those days Homeopathy had no permanent abode.

But then, gentlemen, that is not all. We have yet much to do. I am afraid we are very often content when we have made a reputation for ourselves and make a decent living. That is not right. Homeopathy expects and posterity demands that we leave them a good heritage. It was very properly remarked sometime ago by the son of an illustrious homeopath, himself no less an illustrious person, that in these meetings now-a-days we are developing the social side to the detriment of the intellectual part. I think he was right. Look at our monthly meetings of the Homeopathic Society. They are not as well attended as they should be, because I am afraid, they are intellectual meetings bereft of the cakes and pastry. It was with very great shame and regret that I listened to the story from one of our younger colleagues as to how he was ridiculed by one of our senior members because he had said that he believed in bacteriology. Of course we

do not believe in bacteriology from the therapeutic point of view, but to deny that it is a wonderful achievement in science and is a valuable adjunct to medicine is a monstrous shame. We should not decry a thing simply because we do not know anything about it. I think in doing so we fall into the same error that our brethren of the other school do when they ridicule us, while they know nothing of our science.

Gentlemen, once again I beseech you to meet often and oftener and in larger and larger numbers, for in our confraternity we gather strength and make the gathering strong.

Dr. P. C. Majumdar then spoke about the history of this anniversary, how it was originated by the late Behari Lal Bhaduri. He also requested the younger members to see to its permanence, as much depended on them.

*After this refreshments were served. Altogether a most pleasant and enjoyable evening was spent and the meeting separated at about 8 30 P. M.

Medical Notes.

Hodgkin's disease —It is a scrofulous enlargement of the glands in the neck and other parts of the body. We come across many cases of this disease especially among young children. Its prognosis is very grave. As it is a constitutional malady, we must direct our attention to eradicate all constitutional taint. Great care and patience are required for its thorough cure.

Arsenic is a great remedy here. We use it in cases of glandular swelling attended with fever, emaciation and utter prostration.

Conium has great effect on the lymphatic glandular system, so it is very valuable. Glands are enlarged and indurated, not much fever.

Calc. c. and Iodata are often useful according to symptoms of Calcareo. Scrofulous patients with catarrh and cough and slight pain are benefited by it.

Merc. sol. and Iodata are also very efficacious. Pain in the affected parts and fever. We have cured two cases of this disease by this remedy.

Baryta^a carb and muriatica may be employed in many cases. In a young girl with tendency to catarrhal complaints and sore throat, and enlarged tonsils, we got very marked effects from Baryta.

In very anæmic subjects with malarious fever Natrum mur. helps us a great deal.

Good deal of attention should be bestowed upon food and living. Nourishing food should be given but irritating aliments are to be avoided. Meat of any kind is injurious. Fruits are all good. Farinaceous food, milk, whey, butter and bread should be given.

Patients suffering from Hodgkin's disease should be housed in properly ventilated and dry houses, and should not lie down in the lower story of a house. Sun is a great help to such patients, so a well lighted room should be preferred. Cheerful occupation is good but prolonged mental and bodily labour should be interdicted. Young children should be allowed to play and walk in the open air.

Senecio Aureus is a valuable remedy in uterine disease. It is called a "uterine tonic." I recently treated a woman quite worn out, face pale and anemic. Menses usually copious and premature, but it was then suppressed. Appetite gone, urine copious and frequent. A lady doctor diagnosed the case to be a retroversion of the uterus. Senecio 3x cured her in three months.

Physostigma or Calabar Bean—With this medicine in the 30th potency we have been able to cure an obstinate case of

paraplegia. This patient was dyspeptic for a long time, his urine was loaded with phosphatic deposit. He was a hard working clerk in a Government office, now retired.

Platinum—It cured a bad case of uterine hemorrhage. A thin scrawny woman, mother of four children, had copious bright red hemorrhage from uterus. Sensation of bearing down pain in genital organs which were sensitive to pressure, even the application of hand thereon was unbearable. Platinum 200 cured her.

Ratanhia in a case of piles with prolapsus ani.—An elderly gentleman of sedentary habits had very painful piles, passing of soft stools even was attended with great suffering. There were prolapsus and burning in hemorrhoids sometime after passing stools, followed by bleeding. Ratanhia 6x cured this case in a fortnight. P. C. M.

Clinical Cases.

BY SARAT CHANDRA PAUL, L. M. S. (Homeo.)

I.

Dysentery :—A Madrasi boy, aged 18, thin, emaciated and fair complexioned, had an attack of dysentery. He took plenty of allopathic and native medicines for two months without any improvement. I was called to treat him, and found him bed-ridden and very weak. He was having 8 to 10 stools during the day and about the same number at night. His stools were scanty, contained no faecal matter, but only mucus and blood of a dark color with offensive smell. He had bed-sores, dry cough, burning of palms, soles and the eyes, and offensive smell in the whole body, crepitation in both the lungs. Temp. 100° 101° F. Six months previous he had an eruption on his thigh which was almost healed up

with the application of an ointment. I prescribed Sulphur 200, two doses, at the interval of 3 hours and Calendula ointment on the bed-sores.

Diet.—Plain barley water.

Next day he was much better. Placebo continued.

The patient began to improve in every way. A dose of Sulphur c.m. again on the 5th day when the action of the medicine seemed to retard and this was the last dose of medicine that he had. The effect was marvellous. Fœcal matter was seen in the stool, no blood or slime ; fever, cough, bed-sore and all other complaints subsided, and within a fortnight he was able to walk about.

II.

Enlarged cervical glands :—A Madrasi girl, widow, complexion dark, age about 22 years. She was stout and healthy looking.

This patient had been suffering from enlarged glands round her neck, when she came under my treatment. At first she had only one gland enlarged on the right side of her neck. Advised by her relatives she went to the hospital, had it operated and was all right. But about 3 months after she noticed a crop of glands coming on again on that side of her neck. So she went to the hospital again and two of the glands were removed. But this operation like the former proved of little use, for the glands began to multiply in number with great rapidity. When I examined her, I found about 8 or 10 enlarged hard tumors round the cervical region. She complained of a constant dull headache generally worse on every motion. Her menses were very copious at times. I could see no other symptom in her. I prescribed for her Iodum 30, one pill in the morning and one in the evening, with the direction to stop a day or two after taking the

medicine for 4 days. After a fortnight's use she came to my office again and complained of a throbbing pain in the affected part. On examination I felt a marked fluctuation in two of the glands. I prescribed Hepar sulph 30 every 3 hours and asked her to put linseed poultice over them. They burst the next day. The same medicine was continued in different potencies till the sores were healed up. I then prescribed Iodium 200, one dose, to be taken every week and a marked fluctuation was noticed. Hepar sulph and Silicea in different potencies were required to heal up the sores. Similarly all the glands that became enlarged disappeared and the girl was cured of the headache that she used to suffer from in the course of one year. She never had a relapse.

III.

Fever.—Son of Rai Bahadur.....was laid up with fever. I was called to treat him at his native place. I visited the patient on the 30th day of his suffering. I found him very weak. He had a troublesome dry cough with spitting of blood. His liver and spleen were enlarged and were painful to touch. Temperature between 102 and 103 F. He had headache sometimes very severe. No motion for 6 or 7 days. The patient preferred to lie always on his right side and in doing so he felt better. On examining the blood it was pronounced to be a case of typhoid fever. He was under allopathic treatment, and took plenty of Quinine pills for 15 days to no effect. Later on he was under the treatment of a local homeopathic physician.

From the symptoms of the case I prescribed Bryonia 30, one dose after the paroxysm.

Diet.—Barley water, fruits and chicken broth.

The patient took Bryonia for 3 days, but there was no change. He did not pass any stool for 8 or 9 days. I applied a douche.

He then had a hard stool. Other symptoms remained the same. He felt weaker after each motion. Next morning I gave him a dose of Tuberculinum 200. All the symptoms were aggravated at noon, the fever came with a chill and bone pains which he had not felt for the last 20 days. At night the fever subsided.

The next morning the temperature was rather low, but the fever rose up at noon; no sweat, no thirst. Placebo continued. The next day the fever was the same as on the day previous. After the paroxysm a dose of Arsenic 30 was given. The symptoms were much cleared up by this remedy. The fever was at noon 102° F. and increased towards midnight. He had thirst, but no perspiration, Arsenic 200, one dose, after the paroxysm. The temperature came down in the morning. Placebo at the interval of every three hours. The patient felt much better. I advised a hot bath, after which he perspired profusely. No medicine was given excepting Placebo powders every 3 hours. The patient was better in every way. He was free from fever on the 10th day of my treatment, and cough and blood spitting entirely disappeared by this time. He took rice on the 13th day.

REMEDIES IN IRITIS.

BY W. L. RHONEHOUSE, M. D., ANN ARBOR, MICH.

It seems to me that this condition, especially from our standpoint, does not receive the required attention. A disease of the eye that is fairly prevalent, which responds nicely to the remedy when properly selected, but this same remedy, according to our experience, seems to act quicker and better when given in the higher potencies. I have carried cases through, using local and remedial measures, and also local alone, and have found that the combined treatment results in a much shorter course for the disease.

There are any number of drugs which conform to this condition, but I will only take time to dwell on the more important, this including some twenty-five remedies, which could be selected and differentiated in a number of ways. For instance, those ameliorated by heat, and by cold ; as to time of day, and many other modalities.

Early in the disease, Aconite. This drug is called for when brought on from exposure to cold air or from damp cold winds. The eyes feel dry and hot, violent and acute inflammation ; lids swollen, hard and red ; burning and shooting pains on moving eyeball ; is worse from tobacco smoke, in warm room, at night, and much better in open air.

Belladonna is also used in the acute stage. Eyes red, swollen, dry ; pupils dilated ; intense photophobia, differing from Aconite which lacks lachrymation and where the pupils are contracted ; throbbing pain worse at night from touch, jar. It is usually easy to determine this patient.

Apis mellifica may well be classed with Rhus, Bryonia and a few others as a most important remedy. Burning, stinging and shooting pains in and about the eyes like the tingling of sleigh bells ; lids swollen, red, œdematous ; photophobia intense ; hot lachrymation ; conjunctiva bright red and puffy. Apis stands out prominently as being relieved from cold ; worse from warmth, touch and pressure. Rheumatic iritis. Now Bryonia is also a cold drug, but cold applications do not seem to help. It is worse from warmth, motion, and, unlike Apis, is better from pressure. The eyeballs are sore and feel as though they were being forced out of the socket ; sharp shooting pains ; burning and lachrymation, photophobia ; right eye is more liable to be affected ; soreness and aching in and around eyeball and especially behind it.

Unlike the above two, Rhus toxicodendron is worse from cold and wet, rainy weather ; better warmth, motion, dry weather ; rheumatic conditions ; eyes swollen, dark red, œdematous ; lids swollen and spasmodically closed, on opening them there is a gush of hot, scalding tears ; worse at night ; lids inflamed and agglutinated, there being a suppurative condition especially if of traumatic origin ; aching,

pressive pains, heaviness and stiffness of lids as if paralyzed ; marked photophobia, iritis, after exposure to cold and damp rainy weather.

Gelsemium like Rhus is worse in damp weather and better on continued motion, otherwise very easily differentiated. It is useful in serous iritis with heavy lids, dim vision, dilated pupils insensible to light ; pain above eyes of a neuralgic type, contraction and twitching of the muscles ; eyes are heavy, so heavy that the patient can hardly keep them open, bruised pain back of eyes ; hypersecretion and cloudiness of the aqueous ; very little injection. It is made worse from tobacco smoke and excitement. Worse at 10 A. M. and better in open air.

Next we will take up a class of drugs that have a taint behind them of syphilitic or psoric type. Kali iodide is especially useful in syphilitic iritis ; and more so after the abuse of mercury. The eyes burn and secrete a purulent mucus ; there is profuse lachrymation ; some œdema of the lids ; conjunctiva red and injected. The pains are worse at night and from damp weather ; better from motion and in open air. Hepar sulphur where the iritis is complicated by corneal ulceration. Pus in anterior chamber, and a purulent conjunctivitis. Pressing, boring pains with great sensitiveness relieved by warmth and aggravated by motion, cool air, or touch. There is marked photophobia ; red and swollen lids ; redness of the conjunctiva. The lids and eyes are very sensitive to touch. The discharge is profuse and of a foetid odor ; splinter-like pains and markedly sensitive to pressure.

Mercurius has a profuse, burning, acrid discharge ; the pains are very severe and of a tearing, boring, cutting, burning character, extending into forehead and temples ; they are always worse at night, especially after getting warm in bed, in damp weather and from warmth of any kind ; marked photophobia and lachrymation. Useful in iritis combined with keratitis, the conjunctiva red, swollen and cornea injected and hazy. Probably the most marked symptom is its aggravation at night from warmth of bed.

Sulphur in chronic cases and those accompanied with hypopion. The eyes are red and swollen with much redness of the conjunctiva, burning, itching and smarting. Lachrymation in the morning and in

open air, dryness in the room The lids are painful, red, dry and smart and itch ; cutting, stitching pains as if from a knife ; feeling of sand in the eyes ; great photophobia ; dimness of vision ; flickering before the eyes ; eyes are hot and burn. The pains are more liable to attack the right eye and are ameliorated by motion, and moving about ; aggravated in the evening, at rest, from touch, washing, and in open air

Thuja where the iritis is syphilitic in origin with burning and stinging in eyes ; sharp, severe, sticking pains worse at night, better from warmth ; considerable ciliary injection even extending to the sclera, pressure and dryness of eyes, nocturnal agglutination ; dimness of vision. All symptoms are worse at night, from heat of bed, cold, damp weather, better from warmth, in open air, from motion.

Aurum chiefly in syphilitic iritis after abuse of mercury. Great soreness about the eyes ; pressing pains from above downward and from inward ; sees lower half of objects only, constant lachrymation ; much redness, burning and itching ; pressive, stitching, drawing pains worse from motion, in cold weather. Many attacks coming on only in the winter time.

In the neuralgic list we have Spigelia, Cinnabaris and Euphrasia. Cinnabar, like Mercury, being worse at night ; Spigelia worse in the morning. The left eye is more liable to be attacked and the sharp shooting pains extend up and around the eye under Spigelia and follow the supra-orbital ridge in Cinnabaris.

Euphrasia has constant aching ; burning, acrid lachrymation ; excessive photophobia ; conjunctiva red, hot, burning ; worse at night and in doors, better out-doors ; lids red, burning and swollen ; eyes so sensitive must close them.

There are a few other remedies fairly important, but they are not needed as often as the above ; among them being Arsenicum, China, Clematis, Cimicifuga and Colocynthis. These are all much easier differentiated from the foregoing, and are also less frequently called for, nevertheless they should be studied so that we may be able to give them when indicated.

BELLADONNA.

(Continued from page 91, No. 3, Vol. XXI.)

I need hardly mention that though my happiness was very great, my exultation over my supposed success was somewhat lessened. I mention this story of my life just to show the folly of a routine practice. The totality of symptoms must always be our only and the sole guide in the selection of the remedy.

We must not forget the action of Belladonna over the bladder. In the beginning of an inflammation in that organ Belladonna becomes indicated when the urine turns *hot and fiery red*. Sometimes there is involuntary micturition with paralysis of the sphincter, sometimes retention owing to paralysis of the walls of the bladder. The vesical regions become very sensitive to pressure or jar. We have involuntary micturition in Ars., Caust, Nat. Mur, Puls, and Rhus tox and retention of urine under the heading of Arn., Canth, Lycop., Nux. vom., Op, and Stram. very markedly. We will take up the distinction between these remedies later on.

HEPAR SULPHURIS.

Till very recently the common belief that obtained amongst the laymen and even physicians of this country, was that homeopathy was not intended for cuts, bruises, boils, abscesses, carbuncles, gangrenes and the like. They were supposed to belong to the domain of the surgeon. Fortunately for humanity such beliefs are no more. It has happened time and again that when the Regulars were contemplating an amputation, the poor patient escaped and saved himself from mutilation by the administration of a timely and appropriate dose of the homeopathic medicine. I will cite such an instance when we come to Anthracinum. Hepar sulphuris

is another such agent that has helped much in such a transformation of the common belief. It is the surgeon amongst our homeopathic remedies. We will come to this aspect of the remedy later on ; now let us begin with a few words about its preparation. The common oyster shell is first cleaned, then it is finely powdered and mixed with an equal part of pure flowers of sulphur. The mixture is then kept for about ten minutes heated to a white heat in a crucible hermetically closed. The potencies are then made by trituration. This drug was first proved by Hahnemann.

It is a compound of two of our great remedies *Calcarea* and *Sulphur* ; hence we meet with a whole lot of symptoms common to both of them. Allen says "It simulates *Mercury* in its action on the liver and kidneys, *Sulphur* in its action on the skin and mucous membranes of the intestinal tract, *Calcarea* in affecting the respiratory tract and all the foregoing in its action on connective tissue." But we must not let ourselves be misled by this statement, for though there are many symptoms in common with the two remedies just mentioned, *Hepar sulphuris* presents a train of symptoms peculiar and characteristic of *Hepar sulphuris* alone. The one great and the most important feature of this remedy is its great *sensitiveness*. It runs through the entire rubric of *Hep. sulp.* The pain which another will not mind at all will make the patient almost wild. He can hardly bear the slightest touch. When by accident somebody touches the part, which the patient is ever careful to guard against, he may even faint. I have prescribed *Hep. sulp.* repeatedly in boils and abscesses when this over-sensitiveness was present with excellent results. We meet with a similar sensitiveness to touch in *Cinch. off.*, *Arnica*, *Ruta*, *Kali carb.*, *Spig.* and a few other remedies. In every one of these remedies we see great fear of being struck.

In Cinch off. we have a patient with agonising face-ache holding up his hands if any one approaches him.

The Ruta patient starts from sleep with a scream when touched even so lightly. So is Kali carb.

Spigelia is afraid of *pointed things*. While in Asaf. and Sanguinaria we have pain that vanishes on touch to reappear elsewhere.

Together with this sensitiveness to touch goes the sensitiveness to cold. He is so accustomed to getting it that he does not know how or where he got it. He seems to have an instinct if it comes to telling whether the doors or windows are open in the next room. This is like Nux vom., Psor., Sil. and Tuberculinum. These remedies are all alike susceptible to the least draft of cold air.

This susceptibility and sensitiveness is alike characteristic of the moral sphere of this remedy. Teste speaks of his mental conditions in the following admirable sentences:—
"Dissatisfaction with one self and others ; dreamy, atrabilious mood, a sort of ferocious spleen as though one could murder a man in cold blood (even in persons who are generally of a merry and benevolent disposition)". Sometimes he is melancholy and low-spirited brooding over suicide. Generally he is very irritable which makes itself manifest by his hasty speech and actions. He finishes his whole sentence in one breath. This last symptom reminds us of Bell., Dulc., Each. and Sulph.

Hahnemann spoke of this as a great antidote to Mercury. He at first used it in big quantities to neutralize the effect of the mercury chemically but later on he discovered a dynamic antidotal virtue in it which has been verified time and again. The secret of this statement is that many of the symptoms of Hep. sulp. become manifest in patients of mercurial infection.

HEPAR SULPHURIS.

For instance in ophthalmia or inflammations of the eyes of mercurial origin we use Hep. sulp. when we meet with great sensitiveness to touch and to air, a zone of pimples surrounding the inflamed eye, ulcerations of the cornea, intense photophobia, profuse lachrymation, great redness of the cornea and even chemosis.

We must not overlook the action of Hep. sulp. in suppurative inflammations. Doctors differ in their opinion here. Dr. Farrington says "If you give it in a high potency when the throbbing, stabbing pains in the affected part and the general rigor show the onset of inflammation, it may abort the whole trouble. In other cases, if you see that suppuration is necessary, and wish to hasten the process, then you give Hepar low" Drs. Allen and Norton seem to think in the same way. There are others again like Drs. Clarke and Nash that differ. I am also inclined to believe that the "indicated medicine" works with nature and promotes either absorption or suppuration as the *Vis Atergo* intends. Dr. Nash makes mention of a case in which the c.m. potency of this remedy brought about "the most rapid pointing, opening and perfect healing." Dr. Clarke mentions of another case of "an axillary abscess with a large collection of pus" in which Hepar 6 induced the most striking absorption. I can corroborate these instances from numerous examples in my own practice.

There are two other remedies with marked influence over the suppurative process, such as Sils. and Merc. and we want to know their applications. *In Silicea the pus is thin, bloody, ichorous and sanious whereas in Hepar it is rich, thick and creamy*; both have aggravation from cold and relief from warmth and hot applications. In Merc. the aggravation is prominently a *nocturnal aggravation*.

Hep. sulp. acts especially on the skin, lymphatic glandular

system and the respiratory mucous membrane. I think I will do well to cite the nice differentiations that Dr. L. P. Foster makes between this remedy, Kali sulph. and Calc. sulph. "Kali Sulp.", he says, "acts on the epidermis while Calc sulph. acts very much the same as Hep. sulph. only more deeply. Hepar acts on abscesses before they open, Calc. sulph. after." Foster mentions of a case of multiple ulcers in the gluteal region of a lady about 3 inches in diameter and $\frac{3}{4}$ inch deep cured with Calc. sulph.

Now we come to the skin symptoms of Hepar sulph. *The skin is very unhealthy ; little injuries suppurate*, like what we see in Merc, Sil, Cham, Lycop, Graph and Acid Fluor. We also notice *vesicular and papular eruption in flexures of joints*. According to Dr. Guensey the flexures of the elbow and knee are the especial seats of these eruptions.

He also recommends it in eczema, crusta lactea, and intertrigo which *spread by means of new pimples appearing just beyond the old parts*. We also use it in humid soreness on the genitals, scrotum, and the folds between the scrotum and the thighs. But we must not forget the chief characteristics of all these skin affections, namely the great sensitiveness and the mercurial origin of the trouble. Dr. Hughe's experience with it in "grace's itch" and "psoriasis palmaris" is worth noticing.

It will be an omission beyond excuse if we do not mention the lung affections of this remedy. In the stage in which the exudation becomes purulent especially in the chronic form of this trouble, this remedy is called for oftener than other remedies. The symptoms to indicate it are *a loose and choking cough and a lentescent fever. The aggravation is from cold air and towards morning*. Dr. Baehr in his Science of Therapeutics mentions of a brilliant cure of pneumonia in a boy of six summers with this remedy. The poor child was

"exceedingly emaciated, had a slight hectic fever, was constantly troubled by a spasmodic cough, with a purulent and a fetid expectoration, diarrhoea and loss of appetite. The right side of the thorax had caved in quite considerably, the left was abnormally bulging.....The child was put on Hepar 3rd trituration, with such excellent success that in eight days already the caving of the chest was considerably less. In about four weeks the right lung had almost been restored to its normal condition and the curvature of the thorax had entirely disappeared, so that the child now looks thoroughly sound and healthy."

The Hepar croup is brought on by dry cold wind. The cough is *rattling and choking*. It is worse towards the *early hours of the morning*. The breathing is short and suffocating and the poor patient has got to set up and bend the head backwards to get relief. He complains of a sensation as if a fish bone is lodged in the throat.

Aconite has got a somewhat similar croup brought about by an exposure to dry, cold, northwest wind. *Aggravation is especially marked towards expiration*, for every expiration ends with a coarse hacking cough. The febrile symptoms are well marked.

It has been used with success in the Tuberculosis of lungs when that dreadful disease has not advanced very far and we have a harsh croupy cough with production of tenacious mucus in the chest, the aggravation in the morning and the great sensitiveness of the system.

We must not forget the action of Hepar on the female sexual organs. There is a great congestion of blood to the uterus and we have a consequent hemorrhage in women with chapped and unhealthy skin. Very frequently with this we have uterine ulcers; they are superficial, serpiginous and indolent. The discharge is purulent and sometimes bloody

and it smells like old cheese. The edge of the ulcer is very sensitive.

It is very rarely that we have Hepar in dyspepsia but there are cases that only Hepar and nothing but Hepar will help. The symptoms calling for it are a great longing for acids, wines, sour and strong testing things ; a sort of heaviness and pressure in stomach after eating, though after eating he feels strong and comfortable. Constant sensation of water rising in the œsophagus as if our patient had eaten something very sour. Sometimes there is vomiting in the morning. A few hours after meals he feels a sort of distention in the region of the stomach and he has to loosen his clothing. With this we may have either constipation or diarrhœa. The constipation is of an atonic form, that is, the intestines become wanting in their expulsive powers. The stools are soft but they are passed with great difficulty. It is not the constipation that we notice in Bryonia, for in Bryonia the difficulty arises from the hard and burnt condition of the stools. In Sulphur, too, we notice constipation but it is because the stools are hard and of a large size. The Hepar constipation resembles that of Alumina Anacard., Caust., Plant., Sil. and Verat. alb. In all of these the difficulty arises from an atonic condition of the intestinal tract.

In diarrhœa the stools are *undigested, thin, papascent, whitish and sour-smelling.* We have sour-smelling stools also in Calc. ost., Magn. c., Rheum and Sulph., but the last two remedies stand very high in this respect. We notice white diarrhœa also in Bell., Benz. ac., Cina, Dulc., Hell., Phos. and Acid Phos., but minute observation tells us the distinction between them.

In Hell. the stools are *white and jelly-like.*

In Phos. they are like *little pieces of tallow or particles of sago* constantly oozing from the open anus.

In Acid Phos. it is white or yellow watery diarrhoea, characterized by *painlessness and absence of any marked debility.*

The white or the light-colored diarrhoea of Acid Benz. is copious and *very offensive ; it smells like burnt powder or like the very offensive and highly intensified urine of the patient.*

Like the atonic state of the intestinal tract we have a semi-paralytic condition of the bladder. The urine is passed so tardily that it seems that there is scarcely any expulsive power in the bladder. The patient is unable to finish ; it seems to him as if some urine always remain in the bladder. In this respect we should compare Hepar with Alum., Sil. and Sepia. Also with the above symptoms there is sometimes wetting the bed at night.

We should never forget Hepar in marasmus of children. There is a *great weakness of the digestive system* and however well chosen may be his food, it will disagree. *The whole child smells sour.* The child is subject to catarrh from the least draft of cold air. He is very sad but it is nothing compared to the indifference and apathy ~~of~~ Phos. ac. where the child wants nothing and craves for nothing.

Last of all we come to the fever symptoms of Hepar sulph. *The time of the paroxysm is generally 6 or 7 p. m.* (the 6 P M. paroxysm is more marked under Fer and Ver). Over the already present susceptibility to cold the *patient begins with a fresh chill. It is so great as to make him shiver. His teeth chatters,* sometimes the intensity is so great as to compel him to get to a warm stove. This last symptom also reminds us of Bovista and Lach., for in them, too, we find that with the onset of the chill the patient has got to repair to the stove or some such heating apparatus near by. The Hepar sulph.

patient also complains of icy coldness of the face, hands and feet.

(To be continued.)

N. M. CHOUDHURI, M. D.

HOMEOPATHY—THE SCIENCE OF THERAPEUTICS.

"The whirling of time brings about strange metamorphoses. In no department of knowledge is this more than in that of the medical science. The novelties and innovations of to-day become the commonplaces of to-morrow, serving nevertheless to form the adamantine foundation for the discoveries of the day after. Thus begins the introduction of a new book on medicine by an Indian writer. It is not so however with homeopathy. It stands on a scientific basis enunciated by the law of similars, commonly known by the formula *similia similibus curantur*. It is true new remedies are being added to our already vast stock of therapeutics and I dare say, it will continue to do so as long as man will continue to exist and err on this universe. But the proving of drugs and the application thereof must always be on the great scientific formula enunciated by the master Samuel Hahnemann. It was remarked by one of my patients the other day that medicine was an incomplete science and Homeopathy much more so, because we were adding new remedies one after the other almost every day. The poor man did not know nor did he understand that we were doing so strictly under homeopathic principles and that we could always do so whenever we chose.

"The Art of Medicine professes to restore the sick to health, to ward off disease from the healthy and those who have a tendency to disease, and in cases of disease, where

cure is no longer possible, to palliate suffering and prolong the term of life.

Were medicine a perfect art, there should be no disease among those immediately subject to its supervision ; and those in other circumstances, who might happen to become the subjects of disease, should be speedily and effectually restored by its means.

That medicine is not a perfect art is evident from the melancholy fact, that those under the immediate supervision of its professors do not escape disease, and those whom disease attacks frequently die or remain uncured. That medicine should become a perfect art we should require to know perfectly the vital processes in health, the cause of disease and the agents in nature capable of altering the morbid operations of the organism into health. It was also requisite that there were agents in nature capable of producing such alterations in every case i. e. remedies for all diseases.”—Dudgeon.

From the above we gather that to be masters of our situation, provided that were possible, we should need to know the human anatomy and physiology perfectly, the etiology i.e. the causes both immediate and remote thoroughly, and understand the pathology of all diseases perfectly and above all we should know the nature and property of all drugs i.e. remedial agents absolutely. Now all physicians know that to be thorough masters of all these things, it is almost beyond the pale of human ability and comprehension. Taking it for granted that we are masters of anatomy and physiology, we know it for a certainty that pathology is an ever changing science. Moreover, the knowledge of drugs and their application also vary in a very marked degree according to our knowledge of the system of treatment we practise, and even after that our knowledge of drugs which is

generally derived from the animal, vegetable and mineral kingdoms, is very limited. Now then with this we come to a study of therapeutics. Therapeutics literally means the science of curing disease and would naturally involve the whole of the function of the physician. But we know it for a fact that the medical man in the discharge of his duties brings into requisition various things besides a knowledge of drugs and their application. Sometimes a physician is called in to diagnose a case and give his prognosis and very often it so happens that he can conscientiously do nothing more than that. Sometime ago I was called to see a young lady who was suffering from what may be said to be the last stage of tuberculosis. She was greatly emaciated, there was extreme prostration and debility, hectic sweats, one lung was completely gone and the other was nearly so, the patient expectorating pus and decomposed matter freely. The gentleman who was kind enough to call me was a lay practitioner of considerable repute and he had told the patient's father that under the administration of Ant. Tart the rattling cough had become very loose and she was expectorating freely and that she would be all right now. He was greatly annoyed when he found that I could not corroborate his statements for while coming away from the patient's house I told the patient's father that in my opinion the patient had not many more days to live. Now here was a case where our therapeutic resources were of little or no avail and our duty was to inform, not the patient but his family and relatives that there was no hope of a cure. Very often it is absolutely essential, particularly if it happens to be in the family of rich people where large estates are involved.

Very often again a physician is able to bring about a cure by regulating the diet or by the introduction of some hygienic measure by the removal of some exciting

or irritating cause that keeps up the disease. I should like to illustrate this by means of examples, but I am afraid time will not permit me to do so.

Now then we come to the consideration of therapeutics proper. We all know that it is the custom with the physicians of the dominant school to first of all diagnose a case and tabulate it under the head of a certain disease such as typhoid fever, dysentery, cholera, pneumonia &c and then the prescription is an easy matter. It is also well known how this is done. Certain groups of symptoms (pathognomic symptoms) are taken into consideration to the exclusion of others. Now, if we are really dealing with a science whose aim is truth and precision, are we justified in taking into consideration a certain group of symptoms to the exclusion of others. It was for this reason that Hahnemann promulgated the idea of treating patients and not diseases, and in doing so we are advised to take into consideration nothing but the totality of symptoms, which, as he very truly observes, is the sole guide to the selection of the remedy.

In conclusion, gentlemen, I will quote a few lines from the writings of Dr. Porter in an article headed Eternal Homeopathy and request you all to read that article. He says :—The fact that medicine has continually and steadily marched further and further away from the Aristotelean philosophy which made standards of the figments of cloudlands, and has become more and more completely surrounded by the definite, demonstrable, utilitarian philosophy of the foreseeing Bacon, is but evidence of a logical, and irresistible evolution by and through which false assumptions and misleading hypotheses, which have obscured a correct understanding of the law of similars, are being assigned their true valuation and from which Homeopathy will emerge purged of all

adventitious dress. This day is possibly not as far distant as many of us may believe.

J. N. MAJUMDAR.

MATERIA MEDICA KEYNOTES

By FREDERICK COPP, Greenwich, N. S. W.

XXI.

Kali Muriaticum in Epilepsy.—Kali Muriaticum 3x administered four times a day for two months, then twice a day for another three months, is of priceless value in the treatment of epilepsy following scarlet fever. The above treatment was efficacious in the case of a little girl, who, after scarlet fever suffered for twelve months prior to the commencement of the treatment. The attacks came on every month, the fits being every two or three hours for twenty-four hours, when they would disappear until the following month.

Rhus Toxicodendron and Strychnia in Paralysis.—Strychnia 6x is effectual in paralysis in which the patient is unable to articulate, complete anesthesia of the whole of the left side, cannot use the left arm or leg, or any of the muscles of the left side of the body. Rhus toxicodendron 3x, administered three or four times a day followed by Strychnia 6x every three hours, often cures in three or four months, especially if the left side is also massaged in conjunction with the internal treatment.

Natrum Sulphuricum in Renal Calculi.—This remedy given in the ix dilution has a direct action not only in correcting the tendency towards the forming of calculi deposits, but it also acts as a solvent. It is indicated when the deposits in the urine are of a red, sandy character. It is also useful in the hepatic disorders often found in connection with and arising from the above condition.

Stellaria Media in Rheumatism.—It is now over seventeen years since I first undertook the proving of the above drug and it still continues, I am pleased to say, to bear out the claims I made for it in the treatment of rheumatism, especially in chronic cases,

being indicated in both muscular and articular. It is now occupying a foremost position in our materia medica in the treatment of this hitherto obstinate and painful complaint, and is called for when the pains are of a sharp shooting, cutting nature, rapidly shifting from one spot to another. It should be given internally in the ix dilution, and a lotion or liniment made of the mother tincture externally.

Lactucarum in Diabetes Mellitus.—This has been a very successful remedy in the treatment of the above complaint, given in from five to ten drops of the tincture three or four times daily. It has the power of arresting the abnormal flow of the urine.

Ledum Palustre in hæmorrhage from the lungs.—This is a valuable remedy in hæmorrhage from the lungs. It is indicated when there are frequent impulses of cough, the coughing bringing up large quantities of blood. It must be given in a low potency. From one to ten drops of the mother tincture for a dose, and acts well given with two drops of aconitum napellus ix. A few doses of ledum palustre should first be frequently given to abate the hæmorrhage, and the aconitum afterwards administered alternately with the ledum every two hours.

Passiflora Incarnata in Insomnia.—This remedy is indicated in typhoid fever, in which the following symptoms are prominent—Great restlessness, sleeplessness, nervousness and tossing ; it relieves in these cases the nervous tension, and induces sleep. In the sleeplessness after childbirth, accompanied with more or less nervous excitement, it is of the highest value. It is one of our most effectual remedies for after-pains. It should be used in doses ranging from five to ten minims of the mother tincture, given every three or four hours till the desired effect is obtained. A suicidal tendency is a further indication for its administration. It has also proved very effectual in the treatment of tetanic convulsions, especially in those affecting mainly the muscles of the trunk ; in the tetanus infantum, accompanied with trismus, opisthotonos, and convulsions.

—*Hom. World.*

EYE REMEDIES.

Platina.—Objects look smaller than they are. Eyes feel cold. Twitching of lids. Cramplike pain in orbits.

Ranunculus bulbosus.—Day-blindness (emeralopia, miscalled nyctalopia); mist before eyes; pressure and smarting in eyes, as from smoke. Pain over right eye; better, standing and walking. Vesicles on cornea with intense pain, photophobia and lacrimation. Corneal herpes.

Saponaria.—Hot stitches deep in eyeball. Ciliary neuralgia; worse, left side. Photophobia. Increased intra-ocular pressure. Exophthalmos, worse reading or writing.

Sarracenia purpurea.—Photophobia. Eyes feel swollen and sore. Pain in orbits. Black objects move with the eye.

Solanum nigrum.—Pain over both eyes. Alternate dilatation and contraction of pupils; weak sight; floating spots.

Tabacum.—Dim sight sees as through a veil; Strabismus Muscæ volitantes. “Amaurosis.”

Theridion.—Luminous vibrations before eyes; sensitive to light. Pressure behind eyeballs. Throbbing over left eye.

Tilla europæa.—Sensation as of gauze before the eyes. Binocular vision imperfect. Of value in muscular weakness of the eyes.

Titanium.—Vertical hemianopsia; half an object only could be seen at once.

Trillium pendulum.—Vision blurred; everything looks bluish. Eyeballs feel too large.

Upas tiente.—Pain in eyes and orbits, with conjunctivitis. Dull sunken eyes. Styes.

Uranium nitricum.—Lids inflamed and agglutinated. Styes.

Usnea barbata.—Eyes feel as if they would burst out of their sockets.

Ustilago maydis.—Aching in eyeballs, with much lacrimation.

Vespa crabro.—Chemosis of conjunctiva, Erysipelatous inflammation of lids.

Viburnum opulus.—Sore feeling in eyeballs.

Viola odorata.—Heaviness of lids. Eyeball feels compressed.

Flames before eyes. Illusions of vision ; fiery serpentine circles. Choroiditis. Myopia.

Viscum album.—Double vision. Blue rings around eyes.

Xerophyllum.—Eyes painful as from sand, smart ; difficult to focus for close work.

It is hoped that careful reports will be made of clinical verifications of any of these symptoms, giving the other symptoms of the patient for individualization. Particular pains should be taken to report each case in such manner that the reader will agree as to the diagnosis and be convinced that the relief is justifiably credited to the medicine ; all changes in the patient's mode of living and all adjuvant treatment should be given, also the promptness and the permanence of relief. In other words, the report of a clinical cure should always be a demonstration not merely an assertion, in order to mark it of scientific value.—*Hahnemann Weekly*.

Arnica Montana and its Internal Administration.—Arnica montana is a widespread plant growing on the high mountain plains of Germany and the western portion of the United States. It contains one of the oldest popular drugs, called in German Wohlverleih, which means bestowing well-being ; it is also called Fallkraut, meaning the herb useful after a fall.

Reports of so-called poisonings have been given in the journals. It is very probable that all these were the result of a tincture made from the flowers containing the arnica fly, for in my experience it has proved itself a perfectly safe agent, and I use nothing except the preparations of the radix. Before the bud opens, an insect, *Atherix maculatus Meigneni*, lays its eggs in the receptacle, or torus. The worms coming therefrom live on the seed, which does not prevent the development of the flower, but inhibits the ripening of the seed. Nearly all flowers in the shops contain eggs, worms, or the excrements and other remains of the worms, or the pupas ; and all these act similarly to cantharides.

For this reason to obtain the best results I would urge the use of the radix only.

The physiological action of arnica is to abstract serum from the blood, thereby increasing the watery constituents of the urine without increasing the solids. From this physiology let us look at the various conditions that will ensue from such a decrease in the watery constituents of the blood and soft tissues.

First, as a preventive of septic infection from any cause it deserves to be ranked among our most important remedies. The two other remedies to be remembered in this connection as being prominent are capsicum anum and arsenicum album. From the decrease of water in the blood and tissue we have a much greater power of coagulation from any bleeding surface. The quicker a surface agglutinates together after a cut or injury, the less danger of an infection, and the less the exudation of serum, the quicker the agglutination. The less moisture, the more pyogenic bacteria are inhibited. I have made it a point before every surgical operation to exhibit arnica for several hours before, and not only have I noticed a decidedly less loss of blood during the operation, but also the remarkable quickness of primary union and the avoidance of surgical shock.

I have made a practice for some time of giving arnica during labor after the second stage, and sometimes during the second stage if much hemorrhage is present. Also as a prophylactic in case anesthesia and forceps are necessary, and I have not had a case of postpartum hemorrhage or of sepsis following its use, even after anesthesia. Its physiological action of removing the fluids and coagulating the blood in the capillaries denuded by the separation of the decidua renders ergot unnecessary and allows uterus to rest and recuperate, instead of contracting it down to a ball of iron and thus tend toward an exhaustion, besides causing the contraction of all other circular fibers in the body—the physiological action of ergot. If you use arnica in this manner, you will be surprised at the small loss of blood during puerperium as well as during labor. From the same physiological reasoning you may expect and receive the grateful acknowledgment of your patients from the great relief of soreness caused by the traumatism of labor to the soft tissues of

the parturient. This also prevents a paralysis of the bladder and as a consequence the use of the catheter. For it is a rule in nature to paralyze every muscle till it lies quiet wherever there is an injury and soreness. Relieving the soreness relieves the paralysis.

In typhoid fever we have a non-coagulating hemorrhage from the nose or from the bowels or some other part of the body; the patient feels sore and bruised; maybe with bedsores; hot, congested, red, dusky face and cold extremities. Arnica takes the water out, the blood coagulates in the bleeding capillaries, and the hemorrhage stops. A patient receives a blow, anywhere. The part commences to congest and the serum exude through the capillaries. Arnica takes the water out, serum cannot exude, prevents black and blue spots, and relieves soreness.

Not only does arnica take care of the recent injuries, but seems also to help very much the bad effects of old injuries where the history is clear.

I do not need to reason more; you can see a thousand applications of arnica now by applying the principle. In regards to the dose, my practice is to give 1-drop tablets every fifteen minutes in bad cases till 10 drops are given, then repeat drop doses at hourly or two-hourly intervals till results are accomplished. If your patient complains of dizziness or numbness, you have reached the limit and should desist for twelve hours.

ALBERT EDWARD COLLYER, M.D. Lee, Ill.

—*Medical World.*

PATHOLOGY VS. THE HAHNEMANNIAN HOMŒOPATH

BY R. DEL MAS, M. D. HUGO, MINN.

As one peruses the numerous contributions to our journals for Homœopathy, one wonders why the Law of Similars is, even now, so slightly understood and so often misapplied. The majority of our men and our schools have, as yet, failed

to grasp the idea of Hahnemann expounded in the *Organon*.

Maybe they do not read, maybe they do not understand, the book. It is too philosophical. Today the mind of man is not bent toward thinking. Mongrelism is fostered by the schools that do not teach their students how to apply the principles of Homœopathy by clinical or repertorial demonstration. Theory is good so far as it goes ; but he who can infuse the theory by illustrations causes the student to assimilate the principles and live in, with, and for them, as he enters the field of practice.

Were it not for Kent, the great revivalist, who will be known, after he is laid to rest, as the American Hahnemann, could we see, today, so many homœopaths exemplifying and promoting, over the globe, the principles of therapy for which we stand ? Many are adverse to his conceptions and revelations, for his deep power of thinking and observation along the lines laid out by the founder of our art has led him to see things as only genius could see. But Truth shall prevail over the hatred and the jealousy of men, as the stars shine above the darkness of night.

Many of our men who call themselves Hahnemannian homeopaths, because they are neither laymen nor symptom-chasers and use high potencies, claim that to prescribe correctly without diagnosis on pathological knowledge is to become platitudinous. The platitude lies in their assertion, for our provings contain no pathology.

Man is sick before the results of disorders (his pathology) are manifest, except in trauma. The entrance of the morbid cause preceded, always, the effects of this cause in the organism.

Disturbance in the orderly vital energy is the condition in which alone pathology can arise, for *pathology stands for destruction*, and *physiology for construction*.

The same disorderly energy will produce different results in different individuals. It is not the remedy that has organ affinities, as we are wont to say, for in some provers it will manifest mental symptoms, and in others bodily general or local troubles.

The totality of symptoms it has produced in the provers and removed in the sick forms the range of action of a given remedy. The sick resembles the prover, in that he may reveal only a partial image of the similar remedy. Disorder (disease) causes and remedies work on the same plan. The former make patients sick, and the latter make provers sick. It is a law of nature that *when a remedial force meets with similar morbid energy, the two come to nihil* (Organon §§ 25, 33-51.) Upon this law is based our school.

Classification of Symptoms.

Disease, similar to health, starts at the centre and extends to the circumference.

Mental symptoms speak of brain derangements.

Distressing sensations mention what is going on along the sensory pathways or in the inhibitory centres.

Everything in the system is governed through the nervous tissue, either consciously or unconsciously.

As the brain element is the most perfect of the tools used by the ego, it follows that the work performed through it is the most delicate, and its disturbances are of the highest order for the therapist.

Hence we say that *the mental symptoms come first in the classification of symptoms.* (Organon §§ 208-220.)

The *sensations* are next in importance, and these are either general or local. We may find *sensation of thirst, of hunger*, that is peculiar or common, as also an aversion to food and drink in general or particular. These are desires and aversions that relate to the table and express changes in the

lympathetic system which controls the preservation of the entire body.

Loathing of life and loathing of food both tend to the destruction of the economy ; they both are antagonistic to the love of self or life, which is the supreme love that governs the individual. They both manifest depravity in the individual ; but one loathing is of higher import than the other, as one is willed and the other is imposed.

The desires and aversions pertaining to the sexual sphere come next to those related to the table, as they are the exponents of the love of the species. This love may be perverted willingly or unwillingly ; that is, man may use his will to pervert and abuse the natural functions of the sexual organs, or he may have abnormal cravings or loss of the sexual desire through changes in the nerve tissue. At any rate, the symptoms pertaining to the sexual love and the women's menstrual period are third in the selection of symptoms. They are related to the entire individual, seen as the propagator of his species. (*To be continued.*)

—*The Homeopathician.*

THE INDIAN HOMEOPATHIC REVIEW.

A Monthly Journal of Homeopathy and
Collateral Sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute
medicine.— HAHNEMANN.

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[No. 5.

NEW CURE FOR CONSUMPTION.

We hear of so many new cures for all sorts of incurable maladies and we also see and hear of their being valueless and again relegated to neglect and oblivion that we very often wonder if the medical science would ever attain perfection or even get at really good remedies for the cure of different difficult and so called incurable maladies. For a time 'antiseptic treatment became the craze with our friends of the other school. Now again they are bent on experimenting with what is commonly known as the vaccine therapy. Vaccination for small pox was introduced by Jeenner quite a long time ago and there is no gainsaying the fact that people do acquire immunity from small pox at least for a time by vaccination. Now our friends are preparing vaccines for every disease and introducing the same into our bodies for the cure of similar maladies. From these it is evident that they are groping in the dark and hunting for a cure for all the difficult diseases that the human

Flesh is heir to. But how can they do this without a therapeutic law, and we know they would never accept the immortal law promulgated by Hahnemann, over a hundred years ago. If they did that, the treatment of diseases would become more rational. People would know how to get at the right remedy. For there are fixed rules for the proving of drugs and for the application of the same in disease. The market would be closed against patent remedies and quack nostrums and a better day would come into the world for the alleviation of suffering and for the sick. But alas I am afraid that is never to be.

Since the days of Hering we have been using Lachesis, Vipera, Elaps, Crotalus, Naja &c and with admirable results in many a most malignant and virulent disease but still we read of wonderful cures (newly discovered ?) as the following :—

Snake and Pthisis.

VENOM AS A "CURE."

A remarkable story comes from Hyattsville, Maryland, telling of a modern cure of consumption by snake venom ; a deliberate poisoning and killing of the tubercle bacilli by injecting carefully graduated doses of the venom taken from the glands of the snake under the skin of the sufferer, says the *Standard*.

Dr. J. Ambrose Thompson, formerly of Sunderland, England, states that he has managed to clear his system entirely of tubercle bacilli by imitation snake bites, though he nearly lost his life by overdoses during the experiments.

The idea of using this method is very old. We are told that Sanskrit medical literature mentions it as having been practised by the sage Sushruta some 4,000 years B. C. The method there described is, however, more closely allied to modern vaccination than to direct injection of venom.

To make a native immune or to cure certain infectious diseases, he was first thoroughly beaten with thorny twigs and then rubbed over with the blood of an animal dying from poisonous snake bites.

In the case of Dr. Thompson, advantage was taken of the known fact that there are two distinct types of snake venom—the viperine and the colubrine. Each is deadly by itself, but their action on the human body, especially on the nervous system and the blood, is strongly opposed. Thus a mixture of the two will search out and destroy disease germs without harming the patient.

Already an industry seems to have sprung up in snake countries. In Texas they keep domesticated snakes and “milk” their teeth by allowing them to bite wool or blotting paper ; but this appears to yield rather poor results, as the tame snakes, which never strike in anger, are said to lose their virulence. The best and most valuable venom is obtained by seeking out snakes in their lairs, killing them, and securing the poison sacs.

J. N. M.

CAUSES OF DISEASE.

Every disease is attributed to twofold cause : The first is the predisposing or primary cause underlying the system of every human body in the shape of Psora, Syphilis or Sycosis —The second is the exciting causes which are generally errors in diet, mental strains, psychic impressions, extremes of heat and cold, fatigue, dissipation &c. Every human being is either of psoric or syphilitic or sycotic diathesis in a greater or less degree. This poison lies in a dormant state and bursts out in the shape of disease under the influence of bad sanitation &c. Those who are of psoric constitution are generally prone to the attacks of diseases ; but those who are free

from psora, remain immune under the same influence. Several symptoms are apparent in different individuals. These symptoms are called the totality of symptoms which can be averted by means of similar drug remedies ; while his psoric disposition must be removed first of all by the application of an anti-psoric remedy. When taking the totality of symptoms the family history must be investigated or the anamnesis accurately taken in. If we overlook this important fact and try to cure a patient according to the secondary causes, we must omit to treat him according to that scientific method of treatment which Hahnemann, the great master, discovered after twelve years patient investigation and scientific research. Science secures safety : the Homeopathic system is placed on a scientific basis ; if we do not believe and verify the truth of Hahnemann and ignore his scientific teachings we can not be called true homeopaths. Some of the Homeopaths overlook his psoric theory but follow his law of cure and the dynamic remedy. Hence there arose two classes of homeopathic physicians : those, who follow his psoric theory as well as the law of similars, are styled Hahnemannians ; while on the other hand those who place no reliance upon his psoric theory but believe his law of similars are called non-Hahnemannians. Whatever difference of opinion there may be among the followers of Hahnemann, we should always bear in mind that the psoric theory is the secret of all secrets of the Homeopathic treatment, and is a special gift of Hahnemann to us—the most obstinate cases of fever are found in the psoric constitution and the severity of the attack or the relapsing tendency depends solely upon the constitutional miasm.

The psoric theory equally holds good both in acute and chronic cases.

“When we have to do with an art whose end is the saving

of human life, any neglect to make ourselves thoroughly masters of it becomes a crime."

(Hahnemann.)

"Every homeopath is responsible for not knowing what he professes to practice."

(H. C. Allen.)

ANANDA LAL DATTA,

Choa.

(Dt. Murshedabad.)

A SKETCH

OF

HAHNEMANN AND HIS WIFE.

FROM THE PORTFOLIO OF ONE WHO KNEW THEM.

BY HELEN BERKLEY.

Who is Hahnemann ? What is homœopathia ? "The master-spirit of the age—the founder of the surest and safest system of medical treatment," exclaims his disciple. "The successful inventor of a fanciful and delusive mode of practice," retorts his opponent. Which are we to credit ?

It is a little more than half a century since homœopathia was discovered ; yet Hahnemann is a familiar name on every tongue, a venerated one on many. The bitterest enemies to the system which he founded yield their homage to his gigantic intellectual powers, revere his manifold virtues, and admit that his learning, his numerous philanthropic deeds, and above all, the elevated purity of his character, have ever preserved him against the imputation of charlatanism. Whether his principles be received or rejected, his talents, his originality, and his singular history must ever render him a subject of general interest.

In 1839 Dr. Hahnemann was residing in Paris near the Gardens of the Luxembourg. During the winter of that year, desiring to consult him in behalf of an invalid friend, I made him my first visit. That I might obtain an audience as early as possible, I entered the carriage which was to transport me to his residence at a quarter past nine o'clock in the morning. After about half an hour's ride, finding that the coachman stopped his horses without dismounting, I inquired if we had reached our destination: "No Madam; it is not our turn yet. We must wait a little while. See! there is Dr. Hahnemann's house," he replied, pointing to a palace-like mansion at some distance. This mansion was surrounded by a massy stone wall with an iron gate in the center. Impatient at the delay, I leaned out of the window and beheld a long line of carriages in front of us, driving, one by one, through the gate, and out again, as fast as their occupants alighted. This was vexatious, I had taken such especial pains to be early—and all to no purpose. But if there was any consolation to be found in the knowledge that others were even worse off than ourselves, I might have comforted myself by looking in the opposite direction. Behind us stretched a file of coaches, lengthening every minute; and already quite as formidable as the one in front. I had unconsciously taken my station in the midst of a procession slowly advancing to pay homage to this modern Aesculapius. I already knew something of Hahnemann's celebrity; but my opinions of his skill was marvellously fortified as I stared behind me, and before me, and then at the empty carriages driving away around me.

In about twenty minutes the carriage in which I sat wondering and waiting, during that time having moved a few paces forward every minute, at last drove briskly through the iron gate, around the spacious court, and deposited me, to my

great satisfaction, at the front entrance of Hahnemann's magnificent dwelling. Three or four liveried domestics assembled in a large hall, received the visitors as they alighted, and conducted them to the foot of the wide staircase. At the head of the first flight they were received by a couple more of these bedizened gentlemen, who ushered them into an elegant saloon sumptuously furnished and opening into a number of less spacious apartments.

The saloon was occupied by fashionably-dressed ladies and gentlemen, children with their nurses, and here and there an invalid reposing on a velvet couch or embroidered ottoman. The unexpected throng, the noisy hum of whispering voices, the laughter of sportive children, and the absence of vacant seats, were somewhat confusing. I entered at the same moment with a lady, who, with her nurse and child, had alighted from her carriage immediately before myself. Probably noticing my bewildered air, and observing that I was a stranger, she very courteously turned to me and said in French : "We shall be able to find seats in some other room ; permit me to show you the way." I thanked her gratefully and followed her. After passing through a suite of thronged apartments, she led the way to a tasteful little boudoir, which was only occupied by one or two persons.

I knew that the lady who had so kindly acted as my conductress was a person of rank, for I had noticed the coat of arms on the panels of her coach, and remarked that her attendants were clothed in livery. But to meet with civility from strangers is of so common an occurrence in France, that her graciousness awakened in me no surprise. I subsequently learned that she was the Countess de R—, a young Italian, who had married a French count of some importance in the *beau monde*.

We had hardly seated ourselves in the quiet little boudoir, when a valet entered, and politely demanded our cards. They were presented, and he placed them in the order received, amongst a large number in his hand. It was obvious that we should be obliged to wait indefinite period ; and I soon commenced amusing myself by examining the fine paintings with which the walls were lavishly decorated—the pieces of sculpture—the costly vases scattered about the apartments—and a number of curious medals, heaped upon the centre table. The sculpture, vases, medals, and even some of the paintings had been presented to Hahnemann as memorials of the esteem and gratitude of his patients. Every room contained several marble busts of Hahnemann himself, some much larger than life, some as large, and some smaller. These also had been presented to him on different occasions as tokens of respect.

I was standing before a most lifelike portrait of the great doctor, lost in admiration of its masterly execution, when the young countess, who had retained her seat while I wandered around the room, joined me and said : “Do you know who painted that picture ?”

“No,” I replied, “but although I am not a judge of art, I should almost venture to say that it was the work of a master’s hand.”

“Undoubtedly it is a masterly piece of workmanship. It was executed, however, by Madame Hahnemann.”

“Madame Hahnemann ! is it possible ! Is Hahnemann married then ?”

“To be sure ; and so happily, that to become acquainted with his domestic history is of itself almost enough to induce one to venture upon matrimony.”

“I am delighted to hear it. I knew nothing of him

except as a skilful physician, and a man of extraordinary genius."

"His private history is equally interesting, and quite as remarkable, as his public.

"Have you known him a great while ? How old is he ? How long has he been married ?" questioned I, anxious to obtain all the information in my power.

"I have been acquainted with his wife and himself several years. He is about eighty-four years old. He was married to his present wife in his eightieth year."

"Indeed ! Was he a widower, then ? Is his second wife young, or as old as himself ?"

"She is about forty-five years his junior, and she still retains much of the vivacity and freshness of youth."

"What induced her to marry him."

"Veneration for his talents—esteem for his virtues—affection for himself—mingled, perhaps, with a spice of gratitude for his services to herself. You are a stranger to her and will laugh if I say she *adores* him, but the term is not too strong to convey an idea of the truth."

"Pray tell me something of her history. I am already deeply interested."

"With pleasure. Hahnemann is the father of the most united, prosperous, and the happiest family I ever beheld. He had been many years a widower, when he was called in to attend Mademoiselle D'Hervilly, who was pronounced by her physicians to be in the last stage of consumption. He was residing, at the time, in Coethen. Marie Melonie D'Hervilly-Gohier, then his patient and now his wife, is descended from a noble French family of immense wealth. She had suffered a number of years with a pulmonary affection and disease of the heart. The most eminent physicians in Europe had fruitlessly endeavored to benefit her. After

passing the winter in Italy, whither she had been sent in the hope that a mild climate might effect what medicine had failed to accomplish, she returned to Germany, in a state which her physicians declared beyond the reach of medical aid. She is a woman of remarkable strength of mind and most comprehensive intellect. The fame of Hahnemann's wonderful cures had reached her, but she was unacquainted with his reasons for his peculiar mode of practice. Though so debilitated by protracted suffering that she was unable to make the slightest physical exertion, she examined his system for herself, and then determined upon consulting him. He became deeply interested in her case, and in an incredibly short time her sufferings were relieved, her cough subdued, and her *disease of the heart* assumed a different and more agreeable shape."

"And she married him out of *gratitude*?"

"By no means; she was charmed with his genius, his character, his manners, everything about him; and conceived an affection for him, perhaps, deeper and truer than the passion which we generally call love."

"Which he reciprocated?"

"Nay, you question too closely: I cannot answer on which side the attachment first sprang. Nor do I know any reason why it should not have originated in the doctor himself. Madame Hahnemann is a woman of the most brilliant talents; her information is extensive, her mind highly cultivated, and she is proficient in almost every elegant accomplishment you can name. Combine these attractions with that of a prepossessing person, and you will not find it easy to imagine a man insensible to her charms."

"How do Hahnemann's children like the idea of a step-mother?"

"She is tenderly beloved by them all. Her delicacy and

generosity towards them are worthy of mention. Hahnemann had amassed a large fortune, which she refused even during his lifetime to share with him. She was determined to give no room for the supposition that she could have been influenced by interested motives in forming this union. She stipulated, before her marriage, that she should even be excluded from any participation in the avails of Hahnemann's estate, and induced him to settle the bulk of his fortune on the children of his first wife, merely reserving for himself an annuity sufficient for his personal expenses."

"How then was she to be provided for?"

"She was already independent as to fortune."

"Madame Hahnemann must undoubtedly be a very talented woman, if this painting is hers," said I, resuming my examination of the fine portrait, which had first attracted my attention.

"Not only that one, but several others in the larger apartments," replied Madame de R——. "Some of her paintings have been even admitted into the galleries of the Louvre. Thus her name is classed with those of the most distinguished French artists. She is a poetess, too, and her works have won a truly flattering approbation from the public."

"A poetess! Where will her qualifications end?"

"I almost believe they have no end. She is mistress of five or six languages, which she both writes and speaks with ease and fluency."

"She appears to be worthy, indeed, of being the wife of Hahnemann."

"He thinks so, I assure you. He would not now find it so easy to dispense with her services."

"Is he infirm, then?"

"Not in the least. He has always enjoyed excellent

health. His sight and hearing are unimpaired. His activity is remarkable. Even yet there are an elasticity in his movements and sprightliness in his manners which make you feel something of youth has been left to him even in age. He would never remind you of the fable of the frog, whose discerning patients cried, 'Physician, cure thyself.' "

"Perhaps that is quite as remarkable as anything you have told me about him ; medical men generally look as though they needed, but feared to try, the effects of their own medicines. Since he is so active, I suppose it would be possible to induce him to visit a patient ?"

"I do not think that could be easily accomplished. In a case of great peril, perhaps, you might obtain the services of his wife."

"His *wife* ? Why surely——"

At that moment our conversation was interrupted by the entrance of a lady. She was attired in a simple *demi-toilette* and wore no bonnet ; I therefore concluded she was not a guest. The instant she entered, the delicately looking child my new acquaintance had been caressing on her knee, sprang suddenly to the ground, and greeted the lady with expressions of the most affectionate joy. She was an elegant-looking woman, with a finely-rounded form, somewhat above the medium height. Her face could not be called beautiful, nor pretty, but the term handsome might be applied to it with great justice. Her forehead was full and high, and her hair thrown back in a manner which perfectly displayed its expansive proportions. Those luxuriant tresses of a bright flaxen hue were partly gathered in a heavy knot at the back of her head, and partly fell in long ringlets behind her ears. Her complexion was of that clear but tintless description, which so strongly resembles alabaster. There was a thoughtful expression in her large blue eyes, which, but for the be-

nignant smile on her lips, would have given a solemn aspect to her countenance.

She exchanged a few words with Madame de R—, kissed the child with much tenderness and addressed several other persons present. While she was conversing, the child still retained her hand, following her about and pressing close to her side, with its little pale affectionate face upturned at every pause, as though silently soliciting a caress. In a few minutes she retired.

I turned to Madame de R—, and inquired :

“Is that Madame Hahnemann?”

“Yes, is she a fine looking woman?”

“Undoubtedly. And from her appearance, alone, I can well imagine her endowed with many of the attributes you have described her as possessing. Your little son appears very much attached to her?”

“Poor little fellow! he has good cause to be so. He had suffered from his birth with a scrofulous affection, which baffled the skill of the best medical men in Paris. They gave no hope of his recovery, and he is my only child. At three years old he was unable to walk or even stand alone. It was then that Hahnemann arrived in Paris, and I immediately called upon him. It was impossible to bring the child here, without risking his life, and Hahnemann attends to no patients out of the house. Madame Hahnemann told me, however, not to be uneasy, as she would herself take charge of the boy. She visited him regularly twice a day, watched him with the anxious tenderness of a mother, and prescribed for him in a manner which proved the extent of her judgments and skill. In a few months the child recovered. He has never had a positive return of the disease, but he remains exceedingly delicate. I bring him to see his good friend and physician every few weeks for the sake of learning her opinion of his health, and consulting her concerning his management.”

"Do you mean that *Madame Hahnemann* prescribes for him on her own responsibility?"

"I do. She is almost as thoroughly acquainted with medicine as her husband. She became his pupil with the view of assisting him when age might weaken his faculties. She now attends to all his patients, as you will find directly; merely consulting him in cases of great difficulty."

"That is being a *help-mate*; indeed. But are patients always willing to trust her?"

"Assuredly; she has too incontestably proved her skill not to be trusted. Hahnemann is no longer able to undergo the fatigue of attending to the multiplicity of cases crowded upon him. Madame Hahnemann is universally confided in, respected, and beloved, especially by the poor."

"I can well believe it. Is Hahnemann assisted by any of his children in the same manner as by his wife?"

"Not exactly in the same manner, but still he is assisted by them. One of his daughters, and a fine, intelligent girl she is, has the sole superintendence of an enormous folio, containing the names of all his correspondents, and the dates of their letters; also of several other folios, containing the letters themselves, arranged in alphabetical order. His other children are of service to him in various ways. To assist him is their chief delight. As I told you before, I never beheld a more united family."

"Miss Hahnemann's services alone must spare the doctor a vast deal of trouble."

"Yes, but still every moment of his time is employed. He is the most systematic man imaginable. In his library you will find thirty-six quarto volumes, his register of consultation; written entirely by himself. Apropos his handwriting is really worth seeing. What do you think of a man, eighty-four years of age, who writes a hand firm as a man's ought to be, fine enough to be a woman's and elegant enough to be traced on copperplate, and this without spectacles?"

"Think? Why, I think I have wondered at what you told me as

long as I could wonder, and now I can only come to the conclusion that his Hahnemann and his wife should be ranked amongst the curiosities of Paris, and that the sight-seeing stranger has not beheld all the marvels until he has seen them."

"Our conversation was interrupted by a valet, who announced that Monsieur le Docteur was at leisure, and would see Madame la Comtesse."

She bade me good morning, saying, "It will be your turn next ; I shall not keep you waiting long."

"I hope not," though I, as a glance at the clock informed me that it was somewhat more than three hours since I first entered the house.

A few moments after Madame de R——left me, I was startled by hearing the same valet distinctly pronounce my name, somewhat Frenchified, to be sure, and announce that Monsieur le Docteur was ready to receive me. I was too much surprised to do anything but stare, until I remembered that I had placed my card in his hand some three hours before. I rose and followed him. He led the way through the same apartments I had traversed on entering. The doctor's reception chamber was situated at the further end of the suite. Throwing open a door he loudly announced me and retired.

I stood in the presence of Monsieur le Docteur and Madame Hahnemann. The chamber I now entered was more simply decorated than any I had visited. In the center of the room stood a long table ; at its head a slightly elevated platform held a plain-looking desk covered with books. In front of the desk sat Madame Hahnemann, with a blank volume open before her, and a gold pen in her hand. Hahnemann was reclining in a comfortable arm chair on one side of the table. They rose to receive me, and I presented Madame Hahnemann a letter from Herr Dr. Hirschfeldt, of Bremen, an eminent physician, who had formerly been a pupil of Hahnemann's.

While Madame Hahnemann was glancing through the letter, I had an opportunity of taking a survey of Hahnemann's person, for he had not resumed his seat. His slender and diminutive form was

enveloped in a flowered dressing gown of rich materials, and too comfortable in its appearance to be of other than Parisian make. The crown of his large, beautiful-proportioned head was covered by a skull-cap of black velvet. From beneath it strayed a few, thin, snowy locks, which clustered about his noble forehead, and spoke of the advanced age, which the lingering freshness of his florid complexion seemed to deny. His eyes were dark, deep set, glittering, and full of animation. As he greeted me, he removed from his mouth a long painted pipe, the bowl of which nearly reached to his knees. But after the first salutation it was instantly resumed ; as I was apprized by the volumes of blue smoke which began to curl about his head, as though to veil it from my injudicious scrutiny.

Madame Hahnemann gracefully expressed her gratification at the perusal of the letter, read a few lines of it to her husband in an under-tone, and made several courteous remarks to me ; while the doctor bowed, without again removing his long pipe. It was evident that he was too much accustomed to receive letters of introduction to pay any attention to their contents.

Madame Hahnemann placed herself at the desk, with the doctor on her right hand and myself on her left. I stated the principal object of my visit, attempting to direct my conversation to Hahnemann, rather than to his wife. But I soon found that this was not *selon la regle*. Madame Hahnemann invariably replied, asking a multiplicity of questions, and noting the minutest symptoms of the case as fast as my answers were given. Several times she referred to her husband, who merely replied with his pipe between his teeth, "Yes, my child," or, "Good, my child ; good." And these were the only words that I as yet had heard him utter.

After some time spent in this manner, Madame Hahnemann accidentally asked, "Where was your friend first attacked ?"

"In Germany," I replied.

Hahnemann had been listening attentively, although he had not spoken. The instant I uttered these words, his whole countenance brightened as though a sunbeam had suddenly fallen across it, and he exclaimed in an animated tone : "Have you been in Germany ?

"You speak German, don't you?" The conversation had hitherto been carried on in French, but the ready "Certainly," with which I answered his question, apparently gave him unfeigned pleasure.

He immediately commenced a conversation in his native tongue inquiring how I was pleased with Germany, what I thought of the inhabitants, their customs—whether I found the language difficult—how I was impressed with the scenery, and continuing an enthusiastic strain of eulogism upon his beloved country for some time. Then he asked from whom was my letter. When I pronounced the name of Doctor Hirschfeldt, which he had listened to so coldly before, he expressed the deepest interest in his welfare, and spoke of him with mingled affection and esteem.

I was too much delighted with the doctor's animated and feeling remarks to change the topic. Yet I felt that he had lost sight, and was fast inducing me to do the same, of the primary object of my visit. Madame Hahnemann, however, though she smiled and joined in the conversation, had not forgotten the host of good people who were taking lessons of patience in the antechambers. She finally put an end to the discourse by a gentle admonition to her husband; warning him that he must not fatigue himself before the hours devoted to business were half spent. Turning to me, she apologized for the interruption, saying that they received their friends in the evening, and would be happy to see me, then immediately resumed the subject of my friend's indisposition.

After a few more inquiries, I received some medicine from her hands, with especial directions concerning the manner in which it was to be used. She also presented me with a paper, on which the different kinds of food, vegetables, seasoning, and odor, which counteracted the effects of

homeopathic remedies, were enumerated. After cordially shaking hands with the kind old man and his talented and exemplary wife, I bade them good morning. One of the domestics in attendance conducted me down stairs, and handed me into the carriage, and I drove home, passing along a file of coaches, stretching from Hahnemann's door rather further than I could venture to mention and expect to be believed.

The favourable impressions I had received on my first interview with Doctor and Madame Hahnemann were subsequently strengthened and confirmed. Hahnemann expressed the same enthusiasm as before, at the mention of his own country, and on hearing that I was an American, made many inquiries about our young land, and especially concerning the progress of homeopathia. I could not, however, give him much information which he had not previously received from other lips.

Hahnemann, amongst his innumerable estimable qualities, possesses that of the most indefatigable industry. The pains which he takes in studying and examining a case, are almost incredible. He records with precision the minutest symptoms of every patient, all constitutional ailments, hereditary taints, and numerous other particulars ; never trusting his memory, and only prescribing after a deliberation often tedious, though always necessary.

To the poor he has ever shown untiring benevolence. Certain hours of the day are set apart for the reception of persons unable to offer compensation. They are attended with equal care, their symptoms recorded, and their diseases prescribed for with the same precision which is bestowed upon the *haute noblesse* of the land. It frequently occurs that Hahnemann is so fatigued with his morning duties that patients who apply for advice in the afternoon are placed under the sole superintendence of Madame Hahnemann. But

they seem to consider this gifted couple one in skill, as they are indeed one in heart.

(*To be continued.*)

1)
PATHOLOGY VS. THE HAHNEMANNIAN
HOMEOPATH.

(*Continued from page 128, No. 4, Vol. XXI.*)

Change in the Elements of the Body.

The writer believes there is a change in the nerve elements of the body, whether functional or organic, that accounts for the diverse abnormal loves man is prone to experience.

The disturbances of the intellect are not in the intellect, but in the tissue or the blood vessels alimenting that tissue, through which the intellect performs its functions. The same might be said of the imagination, so apt to have fantastic visions.

What about the will ? What about the loves and aversions of the psychic side of the ego ? Are they also dependent upon modifications in the brain ?

It is a fact admitted by all philosophers that where there is no intelligence there is no will. The will arises after the intellectual conceptions are born, and it arises from them. No man will ever will what his mind cannot first perceive.

Reason and intelligence are one and the same faculty. Where there is no intelligence (and yet we find life, organic and sensitive), instinct alone is the sure guide of its possessor. We find this condition in the animal. Its organs tell us of its destiny, as do its faculties.

If the animal could think, it would will, and its will would lead it to progress ; for progress is the fruit of association of

ideas. The animal has no ideas of things, it possesses only the associations of images of things.

Can it reason from cause to effect? Never. But man can and, through the reasoning processes of the mind, is led to the truth,—to will or reject it. Hence the intellectual functions of man are related to and form the will.

If a clear intellect depends on a normal brain, the will of man (born of conceptions) is also contingent on the condition of the brain.

If the will is born of conceptions, why do we place the symptoms of the will at the head of all symptoms? The will is formative intelligence. The intellect or reason of man is the flaming beacon casting the blaze afar upon the sea of passions and in the darkness of error, through which the will pilots the ship of the ego to reach the haven of virtue and truth, that lies on the bosom of God at the foot of the Hill of Eternity. The light illumines the way and signals the dangers, but the pilot holds the life of the ship in his hands; hence the will is the master of our destiny, and from the course it follows we know where it will anchor the ship of man.

Order of Derangement Manifestation.

All the distortion or perversions of our loves are necessarily functional in their beginnings; or rather the nervous elements, through which they are realized, are first functionally deranged. Later, we find pathological changes, which point to the ship's being wrecked upon the reefs, run on the sand-banks, or sunk into the abysm of disintegration.

Can anyone judge of the course pursued from the damages sustained by the ship? Tortuous are the ways that lead to danger, and many were the signals along the line, of sensations abnormal and loves aberrant, that would have indicated the erroneous way that the organic structure of a given

patient was following before it ran into pathological ultimates.

Why should not pathology, or the results of disorder, enter into consideration in the selection of the remedy? Because the results of disorder may be the same in different individuals governed by different disorder (disease) causes. That is, all the causes of disorder are morbid, but their symptomatology varies according to their essence.

The personality of a given patient finds its corollary and similar in a remedy producing a similar image in the provers.

Were the same ultimates of disorder always due to the same causes, or causes having similar range of action, diagnosis and pathology would be the mainspring on which to rely for the treatment of the sick. Then and there should we be able to create organo-therapy, and entitled to seek for specifics. Such is not the case.

The microscope and the test-tube give us not the personality of the sick and the image of the disorder cause. The spectroscope will never determine the composition of the several energies or immaterial substances inherent in the drugs, crude and potentized.

Constructive and Destructive Forces.

Pathology is perverted physiology. The laws that govern it are constructing on a lower plane than physiology, and must forcibly give sensations unusual to the being planned for physiological order, as also desires and aversions related to the disorderly plane of life into which he is being transformed. This is common sense that experience verifies.

Disorder causes and remedial agents work upon the same plane, which is destructive. Only when the remedy runs similarly to the disorder cause, is the remedy constructive. It is a construction or repair by substitution, or rather, obliteration.

The remedial force and the morbid energy, when they are similar to each other, cannot, at the same time, occupy the same premises, and running in opposition, both come to naught.

Since the life force is constructive and orderly, and the disorder forces and the remedial forces are destructive, it follows that the former works in a plane higher than the latter, for lawlessness is far below order.

The life force leads to health and pleasurable sensations, while the morbid agents in the sick and remedial ingredients in the prover produce pain and sickness, even death.

Diseases and drugs can replace the organic life of man and build him, or rather reconstruct him on a lower basis, and during the process of transformation we see (rapidly in acute troubles, and slowly in chronic complaints) that the life force vanishes. When the substitution has been completed, death occurs.

Do Remedies Affect the Mind ?

Can we contend that our potencies work upon the mind of man ?

The tenets of reason and science say not. The mind works on a psychic or intellectual plane, and uses the brain for its operations, and the nerves to put itself in communication with the material world.

The mind of man is the image of God within a limited and organized body, and united with it to form the human person.

Our potencies, as also the disease causes and the life forces, act merely on material agents, or upon the organized elements of the body.

There are powers in our potencies, even the highest ; but they cannot organize matter as the life force does, for their provings demonstrate their destructive properties. Hence,

as declared above, they belong to a grade of forces inferior to the life force, and could not reach it save by substitution.

As the psychic force or mind life of man is far above his organic life, it naturally follows that our potencies never reach the mind directly.

Life Realm.

The life moulds and governs matter. It develops it according to organic laws, once it becomes united with it ; but matter modifies not life, even when the energies of matter are set free and act upon the premises built by life.

We restore health by exhibiting forces similarly destructive as are the disorder forces, and within the same territory. We never build ; we only repair. Our work consists in preparing and selecting agents whose energies are similar, in nature and action, to the several forces that produce disorders.

Crude drugs act on the same plane as food does, but potencies reach the immaterial, or dynamic sphere within which works the life force.

If we really desire to treat living beings, we must necessarily enter into their living domain. We must resort to agents immaterial. We must disengage, before using them, the multiple forces of our varied drugs from the material substance that renders them patent to the analysis of the chemist.

We form not a chemical school. We represent that which tends to control the dynamical influences of disorder with the aid of dynamical agents.

An organized body is not the result of chemical affinities, but the product of the vital architect that selected and arranged its constructing elements according to the geometry of life, instead.

The scientist can form proteids, sugars and fats, differing

in no way from those found in the body ; but he cannot create the animus that keeps those of the body in motion.

What is the difference between the animate and the inanimate bodies ? Only the spark of life.

Crude drugs act on chemical lines. } Potentized drugs
work along dynamical ways.

Physiology is the result of life ; pathology is the beginning of death, and death restores the animate elements to the sphere of inanitation.

Shall we find in death the signs to lead us back to life ? Let us find in the activity of disorders, through the abnormal sensations of the sick, similar pictures pertaining to our remedial personalities, that we may have the two run counter within the realm of life, or the sphere of immateriality, that the Law of Similars be illustrated, the name of Hahnemann honoured and the name of God praised.

THE PRICE OF IGNORANCE.

BY HILLS COLE, M. D., NEW YORK CITY, DIRECTOR OF THE DIVISION
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“ Where ignorance is bliss, ’tis folly to be wise ”—so runs the familiar old proverb which we have so long contentedly accepted as our motto in all things connected with personal hygiene ; but it is a well-established legal maxim that ignorance of the law is no excuse, and ignorance of physical laws, of health laws, of the laws of right living, does not prevent the infliction of the penalty on the trespasser, however innocent or well-intentioned he may be. So if the blissful ignorance commended in the proverb begets or even threatens disaster, then ’tis folly to be ignorant.

During the past few years there has been in this country, and, in fact, throughout the whole civilized world, a wonderful, an inspiring awakening to a realization of the tremendous, the incalculable

private and public loss occasioned by preventable diseases and accidents, and the moral and physical ruin following the failure to obey the common-sense dictates of right living. Statisticians and life insurance actuaries have endeavoured to translate this loss into terms of money, and the figures they give us are almost unthinkable and certainly staggering. It is not my purpose to quote them, however ; all that I seek to do on this occasion is, as briefly as possible, to take a hurried survey of an individual life, and see how many occasions there are for the exaction of the price of ignorance.

Benevolent charity is said to be a characteristic of Christianity and we point with pride at our private and public institutions for the unfortunate. Nowhere surely can one appreciate the blessing of eyesight more than in this lovely Southern Californian Paradise, and yet there are thousands of our fellow citizens who would perforce stand unmoved by the marvels of Nature that surround us here, because they are paying the price of ignorance. No less than twenty-five per cent. of the inmates of institutions for the blind are there because their parents did not know that inflammation of the eyes in the new-born is a preventable disease, an ignorance that is tacitly acquiesced in by every obstetrician who fails to make use of Crede's simple method of prophylaxis, the putting of a few drops of a mild solution of a silver salt into the eyes of the new-born.

Every child that is born has certain inalienable rights, and among them is the right to be a registered member of society. This registration takes the form of a certificate of birth. I wonder how many parents and physicians ever think of the possible injury to the future of the child wrought by the failure to properly and promptly register its birth. A birth certificate is an instrument which figures prominently in many a legal question touching the inheritance of property and its absence may deprive a son or daughter of the opportunity to prove the legitimacy of their birth.

And every child born has a right to live, and yet how many are the innocent victims of ignorance. Thousands upon thousands of men and women assume the responsibilities of parenthood without

any proper knowledge of the food-needs of the child, of the proper care of an infant, and the penalty of this ignorance is a frightful death-rate among infants.

Presuming that the child has successfully passed through the perils of infancy, the ignorance of its parents too often subjects it to the dangers associated with preventable communicable diseases. How widespread among parents is the belief that the so-called "children's diseases" are part of the common heritage of the child, and how frequently are little children deliberately exposed to them. The sanitarian knows that these diseases are preventable, and the student of morbidity and vital statistics has learned that measles and scarlet fever and diphtheria are exacting a heavy death roll, and that the longer exposure to infection can be postponed, the greater the chance of escaping infection, or if the disease develops, the greater chance there is for a successful outcome.

Recent research holds out the hope that another unfortunate accident of childhood—infantile paralysis, may be shown to be preventable, or at least to be amenable to treatment. In the meantime, however, there are many cripples on our streets whose development and usefulness is being seriously impaired by the irrational use of braces of various kinds or by the aftermath operation designed to remove effects, leaving causes untouched. The children pay the penalty of the widespread ignorance of the fact that the deformity arises, not from contraction of unopposed muscles, but from lack of muscular power to preserve the equilibrium of the foot under the weight of the body. Ignorance deprives the child of the improvement that would follow the use of properly constructed shoes designed to receive the bodyweight and prevent the turning of the foot.

It is only within the past few years that we have attained a realizing sense of the injustice of punishing a child for failure to advance in studies, when there exists a physical hindrance to the acquirement of knowledge, such as defective hearing or eyesight or the existence of adenoids. Then let us work for the extension of

medical school inspection for the discovery of these defects and for suitable provision for their removal.

To a member of the American Institute of Homœopathy belongs the credit for riveting our attention on the mischief wrought by what are called reflex disturbances ; and we know that many unfortunate mental and bodily ills can be relieved by simple operations on the genital organs of boys and girls.

It is a happy sign of the times that influential magazines and organizations are demanding the right of the child to learn something about his or her physical nature so that it can enter and pass through the period of puberty without paying the price of ignorance.

What a large debt is paid by our failure to properly guide our boys and girls in the choice of occupations ? I am informed that in Germany it is customary to put into the hands of pupils about to leave school circulars or books of instruction dealing with the necessities and dangers of various occupations. Here it is plainly stated that such and such an occupation is attended by certain dangers and should only be engaged in by those possessed of certain physical qualifications, and only then when certain specific precautions are taken. Or the physically weak are directed to such occupations as will not be detrimental to them. What a large amount of wasted effort, of physical suffering and premature extinction of life is occasioned by letting our boys and girls, our young men and women enter workshops blindly and unguided.

Closely related to this is the question of industrial accidents, which, in this country, exact a fearful toll. Here again ignorance is largely to blame for the situation, the ignorance of the employer as to what devices can be used for the prevention of accidents, and the ignorance of the workman which often leads him to be careless.

Much discomfort and often physical inability is the price paid through ignorance of what is proper in clothing, and particularly as to suitable footwear, the lack of which is the cause of the very prevalent flat foot which is marked by much distress, particularly among those whose occupations require them to do much standing or

walking, such as trained nurses, policemen, postmen, waiters, salespeople, etc.

If we need to teach our boys and girls the rudiments of the physiology of the sex organs, we certainly need to go a step farther and give to high school pupils and young people of like age a larger knowledge of sexual hygiene that they may avoid the necessity of paying the price of ignorance. We are learning the obvious fact that mis-information will be supplied to fill the vacuum if accurate teaching is not forthcoming, and mis-information is always an expensive accomplishment.

Accurately informed as to sexual hygiene, and of the dangers to be avoided, we shall soon cease to have a different standard of morality for men and women. At almost every gathering of medical men considerable time is consumed in the discussion of the diseases peculiar to women and it is a matter of common knowledge among physicians that many a young mother reaps the crop arising from the wild oats sown by her husband ; and ignorance of this lurking peril brings many a woman to a life of invalidism and to the dangers of the operating table. .

And the teaching of sexual hygiene must not stop there. We must dispel the ignorance which permits the husband to abuse the wife and leads to so much marital unhappiness, ending too often in the divorce court or in suicide.

And the light of knowledge must also be shed upon the subject of motherhood in order that our women may give birth to children free from the mental, temperamental and physical defects which are so often the price of ignorance of the hygiene of child-bearing.

A word has been said about communicable diseases of childhood. Here we can appropriately consider the preventable diseases of adult life. Here, too, knowledge is power, and ignorance is a fatal and expensive weakness. The means of transmission of malaria, yellow fever, bubonic plague, tuberculosis and typhoid fever are known, and wherever this knowledge is spread and is properly applied, the disease is checked and its transmission prevented. Happily, state and local boards of health are vying with each other in the

endeavour to spread wide the knowledge of the dangers associated with mosquitoes, flies, fleas and rats, with polluted water supplies ; and with the excretions in cases of communicable diseases ; and we recognize the menace inseparable from the careless victim of communicable diseases. We are realizing that the man who pollutes a stream and thus gives his neighbour typhoid fever is as much a potential murderer as if he held him up with a gun.

And now one word in conclusion about the ignorance concerning the end of life. It is the physician's sad duty, I would rather say privilege, to minister at the bedside of the dying. We call it "dying" and "death ;" let us expunge the word from our vocabulary and talk about the re-birth, the passing on. How much suffering occurring among those left behind is occasioned by their false conception of what has happened. Surely ignorance here exacts its penalty. Not only are the relatives torn with anguish, but only too often does the traditional method of disposition of the cast-aside physical body entail severe financial strain. And what a depressing effect and physical and mental injury is wrought by the donning of the customary habiliments of woe. It is the privilege of the enlightened, of the physician, to dispel this dark cloud of ignorance, and bring sunshine in place of showers. And may a plea be here entered for a more general substitution of cremation instead of earth burial. A right understanding of the transition called death will surely bring us to a more rational method of disposing of the dead than one which is unsanitary and against the principles of economics.

In a very brief and cursory manner I have hinted at several subjects upon which light should be thrown for the benefit of the many who are paying the price of ignorance. In this educational movement the physician should take the lead ; the laymen are calling for the bread of intelligent information, how long will the doctor be content to let him have nothing better than the stones of ignorance ?

—*The Journal of the American Institute of Homeopathy.*

PYROGEN (A PRODUCT OF SEPSIS.)

For sapremia or septicemia : puerperal or surgical ; from ptomaine or sewer gas infection ; during course of diphtheria, typhoid or typhus ; when the best selected remedy fails to > or permanently improve.

The bed feels hard (Arn.) ; parts lain on feel sore and bruised (Bapt.) ; rapid decubitus (Carb. ac.)

Great restlessness, must move constantly to > the soreness of the parts (Arn., Bellis., Eup.).

Tongue : large, flabby ; clean, smooth as if varnished, fiery red ; dry cracked, articulation difficult (Crot., Ver.).

Taste : sweetish ; terribly fetid ; pus-like ; as from an abscess.

Vomiting : persistent ; brownish ; coffee-ground, offensive, stercoraceous with impacted or obstructed bowels (Op. Plb.)

Diarrhœa : horribly offensive (Psor.), brown or black (Hep.) ; painless, involuntary ; uncertain when passing flatus (Aloe., Olean.).

Constipation : with complete inertia (Op., Sanic.) ; obstinate from impaction, in fevers ; stool large, black carrion like, small black balls like olives (Op., Plb.)

Fetus or secundines retained, decomposed ; dead for days, black ; horrible offensive discharge ; "never well since" septic fever following abortion or confinement. To arouse vital activity of uterus.

Lochia, thin, acrid, brown, very fetid (Nit. ac.) ; suppressed followed by chills, fever and profuse fetid perspiration.

Distinct consciousness of a heart ; it feels tired ; as if enlarged, purring, throbbing, pulsating. Constant in ears preventing sleep ; cardiac asthenia from septic condition.

Pulse abnormally rapid, out of all proportion to temperature (Lil.)

Skin : pale, cold, of an ashy hue (Sec) ; obstinate, varicose, offensive ulcer of old persons (Psor).

Chill, begins on the back, between scapulæ, severe, general, of bones and extremities ; marking onset of septic fever, temperature 103 to 106, heat sudden, skin dry and burning, pulse rapid, small, wiry, 140 to 270, cold clammy sweat follows.

In septic fevers especially puerperal, Pyrogen has demonstrated its great value as a homeopathic dynamic anti-septic.

Relations—Antidote, Nux vomica for the agg. From over action of a single dose or for bad effects of repeated doses ; Rhus., Eup. per, for the aching restlessness and bone pains compare Arn., Bap., Rhus., Eup. per in typhoid and other fevers with muscle soreness ; bed feels hard. Ars., Ech., Lach., Malar, (the vegetable Pyrogen), Ant. t., Bapt., Brom., Lyc., Phos. fanlike motion of Alæ nasi. Bry. cough < by motion and warm room. Ipec. uterine hæmorrhage (if Ipec. fails when apparently well selected). Bap., Psor., offensive diarrhœa. Hept, Psor, black stools, Opium, Plumb., Sanic. constipation, hard black balls. Nit. ac., Sec. thin. offensive lochia, Phos. water is vomited as soon as warm in stomach. Bell—mild throbbing, bursting headache. Carb. v., Ech., Psor., offensive varicose ulcers of old people. Hep., Psor., patient continually relapsing after the apparent simillimum.

Aggravation : motion, moving the eye ; in a warm room ; rising from lying or sitting up (cough relieved by sitting up < by lying down, Clarke).

Amelioration : heat, hot bathing or drinking hot water, binding affected part tightly ; stretching out limbs ; walking changing position.

Mind.—Loquacious, can think and talk faster than ever before (s.)

Irritable (s).

Hilarious on closing eyes, sees a man at foot of bed, whispers in sleep.

Sensation as if she covered the whole bed : knew her head was on pillow but did not know where the rest of her body was.

Feels when lying on one side that she is one person and another person when turning on the other side, sensation as though with many arms and legs.

Hallucination that he is very wealthy : remaining after fever.

Increased buoyancy of spirits although he feels ill.

Great depression.

Muttering delirium.

Anxiety, restlessness.

The muttering delirium sets in early leading to unconsciousness and death.

The signs of infection are horror, delirium, stupefaction.

Brain active during the night, could not sleep, was making speeches and writing articles.

Head.—Staggers as if drunk on rising in morning (s).

Dizziness on rising up in bed.

Pains in both mastoids, < r. ; dull throbbing in mastoid region (s).

Great throbbing of arteries of temples and head ; pulsation felt in brain and in ears, the throbbing meet on top of brain (s).

Pain less throbbing all through front of head ; sound like escaping steam (s).

(*To be continued.*)



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Collateral Sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute
medicine.— HAHNEMANN.

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SURGICAL CASES TREATED HOMEOPATHICALLY.

We have repeatedly recorded in the pages of this journal that many surgical cases are amenable to homeopathic medication. We have been ridiculed not only by our opponents of the allopathic school but even from our own school of practitioners. They all in one voice ridicule even the idea of surgical cases treated homeopathically. But truths are stubborn things. Our success in these cases precludes the possibility of doubting the authenticity of cures performed by indicated homeopathic medicines in surgical cases.

True surgery comes in where our patients are suffering from mechanical injuries where mechanical measures are necessary, as for instance the contusions, sprains, fracture of bones, dislocation of joints, gunshot wounds &c. &c. In all these cases we require the help of instruments, splints and bandages &c. Professor Bairoth says "The medicine of the future will be largely surgical." This is the saying of a professor of an allopathic school of medicine. But Dr.

Dillingham, the enthusiastic homeopathic surgeon of New-york city, distinctly says that "the surgery of the future will be largely medicinal, and under the law of cure, for surgery cannot cure, it can only remove the product of the disease. It is applicable as a rule only to accidents and the results of accidents. We must instruct our patients with comparisons and facts from every source, and be familiar with the methods and results of all schools of medicines. We have been able to cure many cases of tumors. Cataracts are curable by our remedies. Abscesses in any internal organs, appendicitis, even erysepelas and gangrene are under the power of homeopathically selected remedies. Those who are conversant with the scope and efficacy of our law of cure and those who have energy and enthusiasm, can only be the witnesses of these marvellous cures.

Years ago we had a case of mastoid disease of the worse kind. The gentleman suffering under the disease consulted the best allopathic surgeons of this city, who all in one voice urged him to submit to an immediate operation without which his case would turn to be a serious one, the brain might be affected and that would be the end of his existence. I undertook his treatment and in a month's time a complete cure was effected. They remarked that it was a spontaneous cure by nature. I say, certainly nature always cures cases of disease but not without the help of appropriate remedies. Medicinal helps are always necessary to help the deranged vital force for the restoration of sound health. Very recently a brother practitioner of this city called me in consultation to see an advanced case of gangrene of the leg. It was a serious case, for two-thirds of the lower portion of his right leg was sloughed. That an amputation of the leg was the only means to save the life of the young man was the opinion of the best surgeons here and it was arranged that

He should be operated on the next day. At this juncture a relative of our patient prevailed upon him to give a trial to homeopathic treatment and my friend was called. We treated the case and the young man was restored to health in a short time. The allopathic doctors said that it was another spontaneous cure by nature.

A young lady belonging to the Eurasian fraternity of this city had an uterine tumor nearly the size of a fetal head. She was robust and healthy in other respects, menses came on early and flow was profuse and bright red. She heard from a patient of mine that homeopaths can cure tumors without any operative measures. She was advised to place herself under my treatment and I am happy to say that with a few doses of Calc. carb c.m. potency the tumor was removed. This must be a marvellous cure she said, as her lady friend told her that it would take long time. Another case of a big uterine tumor in a young Bengali lady came under my care last year. She was not so fortunate as the lady mentioned above in as much as her case required nearly a year to perfect the cure. She had, as in the previous case, profuse and early menstruation, sometimes twice in the month. At every full or new moon she had attacks of fever and inflammation of the tumor, much pain and tenderness, loss of appetite, great prostration and restlessness. I treated her with several medicines but Belladonna and Lilium had the greater share in the curative impulse.

Cases of carbuncles are curable beautifully under homeopathic medication. We have been able to restore health to many people suffering from very bad forms of carbuncle. The pains and agony are always removed or mitigated by a few doses of the indicated remedies.

Very recently a Mohomedan gentleman of this city was down with very painful and weakening carbuncle. He

came under my treatment. Besides his pain, he had very high fever, restlessness, big dusky swelling of the back (nearly the half of the back was involved) and utter prostration. By our medicines the discharge was established. It was thin and sanious with surrounding red areola which was studded with minute furuncular eruptions. He had frequent and profuse urination which was saccharine. The cure was effected principally by Anthracin 30. When all the suffering was gone and sores assumed somewhat healthy appearance, I gave a few doses of Silicea 200 to complete the cure. It took about a month to heal.

P. C. M.

THE BEDSIDE MANNER.

SHOULD DOCTORS BE SAD, MIRTHFUL, OR SHY?

The medical profession is much in evidence just now by reason of the Insurance Act agitation. Now, what sort of fellows are they who are making all this noise? The man who comes to your bedside, mumbling nervously out of pure shyness, is apparently the one whose letters in the Press breathe fire and brimstone; so that the bedside manner seems, after all, to be quite separated from the personality of the man.

Reticence and the choice of words are two important factors in what is known as the "bedside manner," which it is impossible to define, but at the same time forms an important adjunct to the physician's stock-in-trade. A wise man once remarked that he often regretted having spoken but never that he had remained silent.

There are probably many physicians and surgeons who could say the same, for a thoughtless word or look may easily shake the confidence of a patient, and produce even more serious results. As an instance of the result of a careless word, it may be mentioned that Delane, the famous editor of the "Times" is said to have guessed

and published the appointment of the second Lord Lytton as Viceroy of India (which the Government wished to keep secret) from the chance remark of a well-known physician, who was sitting next to him at dinner, and who said that Lord Lytton had consulted him that morning as to the fitness of his constitution to withstand the climate of India,

Perils of Indecision.

Indecision is fatal; whether in manner or speech, there is nothing that more upsets a patient or causes those around him to lose confidence in their medical adviser, as it suggests that he does not know what is the matter. While over-confidence is wrong both morally and scientifically, it should be remembered that in medicine, as in other things, he who hesitates is lost.

Another important point is that the doctor should make his patient believe that he is thoroughly in earnest and takes the greatest interest in his case, even though he was to assume an interest where he has it not. It must not be thought that this is humbug, as it is for the real good of the patient. Sir William Jenner used to say that if the doctor could only persuade the patient that he was thoroughly in earnest, it mattered little what his manner was, for half the victory was won.

Cheeriness is not an absolute essential, though it doubtless plays a part, as no patient can like a doctor to come to him with a look of despair on his face. Sir Richard Quain used to tell how, when quite a young man, he was asked to assist a very well-known physician. Sir Richard assumed an expression which he thought correct, when his senior, turning and catching sight of him, remarked "For heaven's sake, man, don't look like that or they'll think you are the undertaker."

Need of Tact.

Medical students are now taught many things which twenty-five years ago were never thought of, but they cannot be taught how to deal with patients. This is closely connected with tact, and tact is mainly innate and varies greatly in different people, while it can only be taught imperfectly. Presence of mind is also important as

is shown by the story of a certain doctor of days gone by who sometimes indulged not wisely but too well in the pleasures of the dinner-table. On one such occasion he was called hurriedly to the bedside of a certain haughty dowager. He proceeded as best he could, and his first act after greeting her was to take his watch from his waistcoat pocket to count her pulse. This, however, was too much for him in his befuddled condition, and proceeding to replace it, he muttered to himself, "Drunk again." To his astonishment, the lady caught hold of his hand and, with tears, cried out, "Yes, I know but oh, doctor, don't mention it and it shall never occur again."

Of latter-day surgeons, Sir Frederick Treves and Sir Morell Mackenzie were two of the most successful. One is still with us, though the other, alas, has gone some years. Sir Frederick had, when in practice, the most delightful manner, as the writer can testify from personal experience. Sir Morell had the most charming manners, and was most courteous, always anxious to show consideration to rich and poor alike, and a good story that he used to tell against himself bears this out.

A certain old gentleman who was very prolix and a terrible bore used to come every morning about ten o'clock, just when the doctor was beginning to be busy, and to insist on going through all his symptoms each day. Sir Morell was the politest of men, and would not hurt the old fellow's feelings, though he wasted valuable time. He stood it for some time, but at last hit on the plan of immediately painting the patient's throat with some innocuous fluid and telling him that he must not speak for two hours.

This answered admirably for a time, when Sir Morell, going into the hall for some reason or other, one day met the old man coming out of one of the waiting-rooms, and was informed that he had waited two hours as he had forgotten to inform Sir Morrell of some new symptoms.

—*The Indian Daily News.*

PYROGEN (A PRODUCT OF SEPSIS).

(*Continued from page 160, No. 5, Vol. XXI*).

Frightful throbbing headache > from tight band,

Excruciating, bursting, throbbing headache with intense restlessness (often accompanied with profuse nose bleed, nausea, and vomiting).

Sensation as if a cap were on.

Rolling of head from side to side.

Forehead bathed with cold sweat.

Throbbing of carotids and vessels of the neck ; a distinct wave-like throb from the clavicles upwards.

Child with cerebro-spinal meningitis was so sick that at one time it seemed as though she could not recover ; there was automatic motion of the right arms and right legs ; rolling the head from side to side ; this kept up until it would turn her around from left to right, till her feet would get on the pillow or touch the head-board. She was brought out of this condition with Pynogenium.

Dull headache.

Cerebral symptoms are not usually severe but there is often a low form of the delirium.

Dizziness, headache. Heavy headache, uncomfortable. Morning headache.

Pulsation felt in head, painless throbbing.

Eyes.—Left eyeball sore, < looking up and turning the eye outward (s)

Projecting eyes.

Lids seem dry and roughened as if filled with sand ; mucus collecting in inner canthi, agglutinated and crusty borders, on walking in the morning.

Sticky and inflamed eyes. Intense photophobia, lies with fists pressed tight against eyes.

Phlyctenular keratitis, both eyes < by light.

Ears.—Loud ringing in right ear lasting but a few minutes,

Nose.—Nose bleed ; awakened by dreaming of it and found it was so.

Sneezing : every time he puts hands from under covers ; at night.

Nostrils closing alternately, cold nose.

Fan-like motion of *allæ nasi*.

Sneezing at night, nostrils closing and alternating from side to side.

Thick, glucy discharge from nose \leftarrow right.

Face.—Face burning ; yellow ; very red pale, sunken and bathed in cold sweat ; pale, greenish or chlorotic.

Circumscribed redness of cheeks.

Hectic flush in afternoon and evening, coming on regularly at 3 or 4 P. M. and lasting till midnight ; the face covered with large drops of cold perspiration.

Face assumes a pinched and anxious expression.

Mouth.—Tongue coated white in front ; brown at back ; yellowish brown, bad taste in the morning (s).

Tongue coated yellowish gray, edges and tip very red ; large labby ; yellowish brown streak down centre.

Tongue clean, smooth and dry ; first fiery red, then dark red and intensely dry ; smooth and dry ; glossy, shiny as if varnished ; dry, cracked, articulation difficult.

Tongue dry and not a particle of moisture on it, has had no thirst since she has been sick, bitter taste in the mouth, tongue dry down the centre.

Taste—Took one dose of Pyrogen c.m. (Swan) in the afternoon.

During the evening a terribly fetid taste as if mouth and throat were full of pus, which lasted 24 hours, sensation as of a broken abscess in the mouth.

A nauseating, offensive taste in the morning for many days, during proving.

Tongue dry and brown.

Bad taste in the mouth.

Sticky saliva.

Pasty furred tongue.

Throat.—Diphtheria with fetid odor.

Relaxed throat.

Elongated uvula.

Ulcerated tonsils.

Larynx.—Usually cough.

Coughing when expiring.

Cough attended with rusty expectoration.

Laryngitis.

Cough every time he moves or turns over in bed.

Coughed up yellow sputa through the night.

Cough severe after rising.

Coughing, spitting up large masses of phlegm from larynx.

Cough < by motion.

Cough more in a warm room.

Coughing causes pain in the back of head.

Burning in larynx and bronchi on coughing.

Cough up yellow sputa through the night.

Appetite.—No appetite or thirst (19th day). Complete loss of appetite.

Great thirst for small quantities but the least liquid was instantly rejected.

Drinking very hot water, > thirst and vomiting (dog). No appetite, yet nourishment is freely taken and digested.

Poor appetite for breakfast. No appetite as stomach and bowels feel so full.

No appetite for dinner. Unusual appetite for chocolate.

Stomach.—Belching of sour water after breakfast. Nausea and vomiting.

Vomiting : persistent, brownish, coffee-ground, offensive ; stercoraceous with impacted or obstructed bowels.

Vomiting and purging. Vomits water when it becomes warm in stomach. Vomiting. > urging to vomit ; with cold feet.

Stomach feels too full ; < after eating and > by frequent sour eructations.

Nausea > by drinking very hot water and by vomiting. Vomiting is not infrequent. Nausea on first rising. Dyspepsia.

Belching some water after breakfast. Stomach and bowels feel too full to eat.

Abdomen—Full feeling and bloating of abdomen.

When lying on left side bubbling or gurgling sensation in hypochondria extending back to the left of spine.

Pain in umbilical region with passage of sticky, yellow offensive stool.

While riding in a buggy, aching in the left of umbilicus < drinking water > passing flatus.

Soreness of abdomen so severe that she can breathe with difficulty and hardly bear any pressure over right side.

Very severe cutting pains on the right side going through back < by every motion, talking coughing, breathing deep ; > lying on right (affected) side ; groaning with every breath.

Great distension of the abdomen, with high temperature, lochial discharge, intensely offensive as if rotten. Peritonitis.

Irregular action of the bowels, sensation of cold in abdomen, sensation of heaviness in abdomen.

Ascites (Bright's Disease). Stool and anus.—Feculent and thin mucus, and finally bloody diarrhœa and tenesmus (dog).

Two soft, sticky stools, 8 to 9 A. M.

Involuntary escape of stool when passing flatus.

Profuse watery, painless stools, with vomiting.

Stool horrible, offensive, carrion-like.

Stool very much constipated, large ; difficulty, requires much effort ; first part balls, last part natural with streaks of blood, anus sore after.

Constipation : hard dry accumulated feces ; stool large, black, carrion-like, small black balls like olives.

Congestion and capillary stasis of gastro-intestinal mucous membrane, shedding of epithelium, bloody fluid distending intestines (dog).

Sweat about anus removed, fistula relieved.

Usually diarrhœa.

Irregular action of the bowels. No stool today, very unusual sticky yellow stool.

Passing flatus sometimes involuntary.

Urinary organs :—Urine scanty ; only passed twice in twenty-four hours.

Urine yellow when first voided ; after standing cloudy with substance looking like orange peel ; red deposit on vessel hard to remove, deposits sediment like red pepper with reddish cloud on vessel.

Got up three times in night to urinate.

(Bright's Disease).

Urine contains albumen and casts ; horribly offensive, carrion-like.

Frequent calls to urinate as fever comes on.

Intolerable tenesmus of bladder, spasmodic contractions involving rectum, ovaries and broad ligaments ; [Yangling cured a case with Pyrogen c.m. (and higher) ; patient's next period came on naturally and painlessly, whereas before, menses had been painful and extremely offensive].

Irregular urination, action of the kidneys irregular.

Aching in region of the kidneys, urinated only twice today, very unusual ; usually several times a day, normal in quantity.

Urine loaded with albumen. Red line in side of vessel hard to remove.

Sediment like red pepper that floats at the bottom.

Male sexual organs.—Testes hang down relaxed. Scrotum looks and feels thin.

Female sexual organs.—Puerperal fever with offensive lochia (cured).

Puerperal peritonitis with extreme fetor, a rotten odor.

Parts greatly swollen (Bright's Disease).

Menses horribly offensive, carrion like.

Menses last but one day, then a bloody acrid leucorrhœa horribly offensive.

Hemorrhage of bright red blood with dark clots.

Septicemia following abortion ; fetus or secundines retained decomposed and horribly offensive.

Has cured prolapsus uteri, with bearing down > by holding the head and straining as in the act of labor.

Abscess of right ovary, acute throbbing pain, great distress with fever and rigors. Pyrogen c.m. (Swan) produced an enormous flow of white creamy pus with general amelioration.

Lochia, thin, acrid, brown or fetid, suppressed, followed by chills, fever and profuse fetid perspiration.

THE HAHNEMANNIAN EXPLANATION OF THE MODE OF ACTION OF THE HOMŒOPATHIC REMEDIES.

By DR. BORLAND.

IN the *Organon*, Hahnemann states the Homœopathic law of cure in the following terms :—“Each individual case of disease is most surely, radically, rapidly and permanently annihilated and removed only by a medicine capable of producing in the human system in the most similar and complete manner, the totality of its symptoms, which at the same time are stronger than the disease.” In the succeeding paragraphs he proceeds to the consideration of some of the evidence from Nature upon which the Law is founded, and also to give what appeared to him as a reasonable explanation of the manner in which such a cure takes place.

In paragraph 29, Hahnemann appears to give us his explanation of the manner in which cure by means of the homœopathic remedy takes place ; in this paragraph, however, he states that an artificial medicinal disease is substituted for the natural existing disease, and yet he gives us absolutely no explanation of how this substitution takes place.

Furthermore, he states that, by this substitution, a morbid agent, more powerful than the original disease which the vital force was unable to overcome, is brought to bear on this vital force, and yet he fails to give any explanation of why this additional more powerful attack does not immediately prove fatal.

In paragraphs 30 to 33 inclusive, Hahnemann endeavours to show that the power of medicines is greater than that of natural morbid agents. In paragraph 30 he states that as diseases are removed by medicines, therefore medicines must be more powerful than natural morbid agents. But are diseases removed by medicines? Does the medicine not merely cause an increased reaction of the vital force, and is the removal of the disease not due to this excess of vital energy? In paragraphs 30 and 31 he contrasts the power possessed by medicinal agents of causing morbid processes at all times and in all persons with the incapacity of natural morbid agents always to affect all persons with whom they come in contact. Is it the case, however, that all medicines can always affect all persons? Is it not the case that some of the most valuable of the Homœopathic remedies, *e.g.*, *Lyc.*, *Calc.*, *Nat. m.*, and *Silic.*, have to be very specially treated before they can manifest their powers? And is it not equally true that of the natural morbid agents certain of those which we do know can, by appropriate methods, be so heightened in virulence, that they will affect even the most insusceptible of persons?

In paragraph 34 Hahnemann introduces us to the consideration of his great Law of Similars, though here again he, unfortunately, couples it with his theory of the more powerful action of medicinal agents, which we have already briefly discussed, and in the following eight paragraphs he gives us some of the evidence from nature in support of his theory.

First, he considers those cases in which two or more diseases of a dissimilar nature have been known to attack one individual at the same time, and he divides such cases into three classes, *viz.* :

I.—Those in which the already existing disease is stronger than that to which the person is exposed.

II.—Those in which the already existing disease is weaker than that to which the person is exposed.

III.—Those in which the already existing disease and that to which the person is exposed are of about the same strength.

Of cases of Class I. we have no examples which we might add to those already given by Hahnemann, but of Classes II. and III. examples are only too common. In II., for instance, epilepsy commonly remains in abeyance during the attack of an acute febrile disease, and frequently returns with increased severity after the febrile attack has subsided ; or again, it is almost constant for chronic post nasal catarrhs to disappear during an attack of pneumonia or enteric fever. In III. diabetics are notoriously prone to intercurrent diseases, staphylococcic or streptococcic infections, phthisis, pneumonia, etc., during which the diabetic symptoms persist or may even become more marked.

In paragraph 43 and for the following ten paragraphs, Hahnemann devotes his attention to those cases in which two similar diseases have attacked the same person at the same time, and from the evidence adduced he draws the conclusions that no two similar diseases can co-exist in one person, and also that the stronger disease displaces the weaker.

The fact of the final disappearance of both diseases no one can dispute, and the fact of the necessity for similarity is equally evident, but the statement that the new stronger disease displaces the old weaker one is open to question.

When we consider the fact that a weaker disease can be masked or held in abeyance by a stronger dissimilar disease, it is not at all surprising that the symptoms of a weaker disease can also be masked or held in abeyance by a stronger similar disease. We have, however, to account for the fact that after the disappearance of the stronger similar diseases, the weaker does not again manifest itself. In this connection is it not suggestive that all the cases given by Hahnemann are cases in which the stronger similar disease was also a self-limiting disease, and also that all medicinal morbid agents, in the minute doses used by homeopaths, are also self-limiting? Have we not here again an instance of the stimulation of the curative energy of the vital force, and is the removal of the original disease not due to this cause rather than to the strength of either drug or disease?

These few thoughts are advanced not in any critical spirit. Whatever be the truth with regard to the strength of the medicinal morbid agent as contrasted with that of the disease, from the evidence adduced by Hahnemann, there can be no doubt that the Law of Similars is one of the great laws, if not the only law, of cure. As Hahnemann says, the facts remain, whether his explanation of them be found to be correct or not—but rather they are advanced with the hope of stimulating the interchanges of ideas on the doctrines of Homœopathy, by which we may hope to eliminate what is accidental, problematical, or non-essential from what is essential, true and established.

—*The Homeopathic World.*

SOMETHING NEW IN GASTRIC ULCER.

BY ST. CLAIR HITCHCOCK, M. D., NEW YORK.

It is scarcely necessary to say that we have all been greatly interested in listening to the widely explored and detailed accounts of the various surgical treatments of gastric ulcer by means of operation. I would like, however, to call your attention to the timely interjection of extra-surgical methods, which, I fear, often obviate the necessity of any surgical interference.

It has been my good fortune to treat some cases of the very severest types. I recall especially those cases which were projecting blood by the cupful, vomiting it up upon the slightest provocation of disturbances of light, talking, people walking lightly across the floor, touching the bed-clothes, or even the cry of a child in the street, or the rumble of a wagon. Unfortunately the apparently indicated remedies such as *Theridion*, *Belladonna*, *Bryonia*, *China*, were of absolutely no avail—whatever the potency. One symptom alone, however, attracted my attention in these cases, the immediate vomiting of any water, even the medicine itself. The extreme necessity of utmost inactivity and quietude on the part of the patient entirely offset any ideas of *Arsenicum album* at the first ; but the violence of the vomiting and nausea immediately subsequent to the smallest sip of water rather established the probable need of this remedy. *Sac. lac.* as a medium of administering the other remedies had proven a close second to the dangers of water solutions.

Morphia had been rejected. *Chloroform* in one-half to a tea spoonful dose by mouth had also failed to paralyze the excited nerves of the stomach. Hence in preference to the risk of administering the remedy by hypodermic means, I touched a finger to the mouth of the bottle containing an alcoholic solution of the 200th potency of *Arsenicum album*

and placed this small drop upon the *outside* edge of the lower lip. In about ten minutes this was repeated. Relief was immediate. Still compelled, however, to move with caution and converse in whispers, we placed cracked ice in towels well covered in by heavier towels over the nape of the neck and lightly over the stomach itself. *Arsenicum alb.* in such a case was cautiously repeated. In some such cases, moreover, I have administered the 1,000th potency every fifteen minutes for the first two or three doses, then proceeding at longer intervals.

Within twelve to sixteen hours after such hæmorrhages it has been my custom to give *grape juice* diluted with fine cracked ice, the *Arsenicum* meanwhile dampening the ice and water aggravation to a certain degree. And this is the paradoxical side of these cases, that although acids and water always disturb the stomach despite the craving for them *grape juice* alone, with its *tartaric acid*, proves to be a whole salvation in itself. For twenty-four to thirty-six hours longer I allow nothing else unless hunger begins to produce nausea, when I intersperse grape juice with hæmaboloids in fine cracked ice.

To my certain knowledge some such cases have resulted from the rupture of a blood vessel into the stomach consequent upon nausea induced by strain or over-taxation with an empty and hungry stomach.

One such patient rushed into my office at eight o'clock one morning and began immediately to have violent vomiting of blood. This was the opening up of an old ulcer. In this case, as with the others, *Arsenicum album* was touched at once to the lower lip. In this instance a treatment of very high frequency was immediately begun.

It has been my experience, at least, that the proper treatment with high frequency serves not only to heal the ulcer by the probable formation of scar tissue, but in turn—after

successive treatments—apparently dissolves the scar tissue itself. Following the high frequency such patients invariably experience a sense of strength and support they had hitherto failed to be conscious of possessing. Nor do they continue for very long to be over-careful of their diet, since spices ventured spices yield, and ill effects are not revealed.

—*The Chironian.*

News and Notes.

Anti-malarial Measures—Anti-malarial measures seem to have been taken with some amount of zeal during the last official year. These measures were continued in North Barrackpore almost entirely at the cost of Government, and are now being wound up. It is expected that the general sanitary condition of the Municipality will be greatly improved. Anti-malarial measures were only carried out fully in ten towns. The Provincial Malarial Committee discussed the following subjects during the year.—(1) Teaching of malarial prophylaxis in schools. (2) Popularization of the use of quinine. (3) Diffusion of knowledge in malaria prevention. (4) Distribution of quinine in “treatments.” (5) The connection between drainage conditions and malarial problems. Major Fry, Special Deputy Sanitary commissioner was at work in the districts of Jessore, Cuttack, Puri, Bhagalpur, Muzaffarpur, Champaran, Patna, Gaya, Shahabad, Hazaribagh, Ranchi, Manbhum and elsewhere, and the result of his investigations leads to the conclusion that little permanent benefit is likely to accrue in Bengal by any attempt to eradicate mosquitoes by destroying larvæ. Twenty-four Sub-Assistant Surgeons were deputed for distributing quinine gratuitously. In Jessore, quinine hydrochloride in “treatments” was exclusively used, and is said to have been very efficacious and much appreciated by the people. The sale of quinine was the largest in the districts of Burdwan, Khulna, Nadia, Murshidabad and Birbhum.

—*The Indian Daily News.*

An incident in anti-malarial measures in India—The following true story of the well-meaning manager of a tea estate in Sylhet may interest your readers. He was greatly concerned that his coolies should escape the ravages of malaria; and posted himself in all the literature on the subject, from Laveran to Bentley. He waged relentless war on every species of mosquito; and then started to make his people immune. On pay days, as each coolie came up for his pay, he administered a five-grain dose of quinine, which the coolie had to swallow on the spot. One night after this treatment he was summoned to the lines to see a coolie who was suffering from severe cinchonism. He could make nothing of the case and sent post-haste for the district doctor. "What have you been giving him?" asked the medical man. "Quinine," replied the planter. "How much?" "Five grains." "Nonsense, man, he must have swallowed fifty to be afflicted in this way." And so it turned out. The coolie had come up again and again to the pay office to draw the pay of certain absentee friends and had taken the quinine each time without a murmur, so as not to upset the sahib.—*Lancet*.

Cataract in 30 Descendants

In an address on "Darwinism, Medical Progress, and Eugenics" at Kensington Town Hall, Professor Karl Pearson said that a woman with cataract of the eye had thirty-nine descendants similarly afflicted. Another woman had twenty-five descendants who were tramps and beggars; and of eight children six were defective.

"General degeneracy runs in stocks" he said. "Insanity, alcoholism, and general defectiveness are all practically interchangeable. I fear that the position will remain as it is until the nation recognises that every one has the right to live, but not to reproduce its kind."

That Flora

The latest scientific triumph is the abolition of old age. All you

have to do is to insert some benevolent microbes into your intestines. They are called glycobacteria and are to be found to a great extent in the digestive tubes of dogs. There is only just one little detail that troubles us about this fine discovery of Professor Metchnikoff. If the organs of dogs have the monopoly of these microbes, how does it come to pass that our poor dear poodles and Pekinese die at so early an age? Perhaps the Professor will reply that the microbes do not give them time to grow old and that this fact is an additional virtue of glycobacteria, which spare them the troubles of senility. Meanwhile we venture to suggest, with all possible humility, that Professor Metchnikoff should pursue his investigations a little bit further and find out whether there may not exist in the intestines of man a microbe which might be transferred to dogs and enable them to prolong their existence far beyond the allotted span.

After 31 Days' Fast.

From Boston, Mass., comes the news that Mr. Augustino Levanzin, a young lawyer from the island of Malta, broke on May 16th a thirty-one day fast at the Carnegie Institute Nutrition Laboratory, in Roxbury, to determine the amount of reserve nutrition values the human body contains.

Mr. Levanzin refrained from eating food of any sort. Water was the only thing which passed his lips. The first nourishment he took was a small quantity of carbo-hydrates. He finished his fast in excellent health. There was a marked loss of weight, but no diminution of his physical or mental powers.

During the fast Levanzin walked about the city, took carriage rides and read.

—*The Indian Daily News.*

HEPAR SULPHURIS.

(Continued from page 116, No. 4, Vol XXI.)

Another very important symptom to guide us is the appearance of *a sort of nettle rash during the chill*. It burns and stings. There are also fever blisters around the mouth. These fever blisters are very misleading, for with many of us they mean only Nat.^l mur. Hydroa or fever blisters as they are called, are indeed a great feature of Nat. mur but there are other remedies like Ignat, Nux vom. and Rhustox that can claim them. *The patient sweats very profusely on slightest motion* and the perspiration smells terribly sour, sometimes offensive. There is no relief from sweat.

SULPHUR.

This remedy is the king of our anti-psorics. The term anti-psoric needs a little explanation. We are born with a constitution peculiar to each one of us. This constitution undergoes modifications as we grow older as the result of the varying influence of the environments and ailments to which we become subject and by the time we die we turn into quite separate individuals from what we first started with. So great indeed is the transformation that we would not really know ourselves should we go through an introspection. In many cases these transformations are brought about by the long-continued administration of various violent, heroic medicines by our Allopathic brethren. As result of such violent assaults and to protect the organization against entire destruction there take place abnormal changes in our system. Sometimes, however, chronic miasms lurking in our system work constant havoc against which "the best regulated life, and the greatest energy of the vital powers are incapable of coping unless aided by the specific curative remedy."

Samuel Hahnemann by diligent application, years of study and research has traced out three such miasms. They are syphilis, sycosis and psora. Now the question is how do we know them. It is very easy. Syphilis discloses itself by chancres ; sycosis by cauliflower excrescences and psora by a sort of cutaneous eruption characterized by insupportable tickling, voluptuous itching and specific odor. Here we have come to our point. Sulphur works wonders in cases where we discover such a psoric base and hence it is called the great anti-psoric.

Sulphur is a non-metallic, yellow, brittle substance. It is found plentifully in Sicily and Italy. In the organic world we meet with sulphur everywhere, this element forming an essential component of the albumenoids, a class of compounds contained in all vegetable and animal structures. Of organic materials rich in sulphur we may mention animal hair and the essential oils of the onion, garlic and mustard.

Sulphur is prepared for homeopathic use in two different ways—firstly the flowers of sulphur washed and cleaned are mixed with alcohol to form the tincture ; secondly by triturating flowers of sulphur with sugar of milk. This second preparation is by far the best.

If I am called upon to practise medicine with only one remedy I think I will do well to select Sulphur. It is one of the central remedies of our Materia Medica. Its use is most varied and its cures are wonderful. We will first have a look at our Sulphur patient and see what he is like. *He is spare and stoop-shouldered ; he walks and sits stooped ; standing is the most uncomfortable position for him ; his face is delicate with long thin eyelashes. In this he is very much like Phosphorus, for Phosphorus too is indicated in tall slender persons of sanguine temperament. His skin is fair and his eye-lashes delicate. He is anemic.*

but he grows very rapidly and is inclined to stoop. The similarity is so great that Dr. Nash very aptly says, "If it had equally the psoric element, it would, at sight, seem a counterpart of Sulphur, so close that we could not take them apart." But really speaking there is no mistaking a Sulphur patient. He has got such a stinking odor about him that people know him from a distance. This foul odor is due to his uncleanness but it is not entirely so, for wash however much he can, the odor will not leave him. But as is the matter with all such dirtily filthy people he has a natural disgust for washing.

In this respect Sulphur is very much like Psorinum. The latter remedy is as much prone to skin affections as the former. The skin is like parchment, dirty, unhealthy; the sweat emits an unpleasant odor and this unpleasant odor characterizes the drug from the beginning to the end. But to distinguish the two remedies is not very hard. Psorinum patient is very susceptible to cold; he wears a fur coat in the hottest summer. His collar is always up. Sulphur on the other hand is *predominantly a hot and a burning remedy*; the patient keeps his doors and windows constantly open. While in bed he is always in search of a cold spot wherein to rest his burning hands and feet. There is also burning in vertex, chest, mouth, eyes, vulva, urethra, rectum, and in the internal organs. In fact *this great burning is the most important feature of this remedy*. This burning is explained by a sort of local congestion produced by Sulphur. There is a rush of blood to the brain and consequently the head feels full and throbbing and the face looks flushed. There is sometimes congestion to the chest with or without hemoptysis. The patient feels an oppression of breathing and he wants the doors and the windows open. Again sometimes the congestion is marked in the region of the heart and our patient suffers from terrible

palpitation; often he feels as if the heart were too large for the thoracic cavity.

More frequently we meet with cases of portal congestion giving rise to hemorrhoidal troubles. This general congestive tendency very frequently becomes manifest by the redness of the various orifices of our Sulphur patient. His lips are vermillion red. The urinary meatus, the vulva, the anus, all suffer from similar conditions and these are great points in prescribing. Many a time and often have I been led to prescribe this remedy by the redness of the orifices of the body.

Dr. P. C. Majumdar of Calcutta mentions of a very interesting case in which with a single dose of Sulphur 200 he cured a young lady of a great burning sensation which used to come on her very frequently. The doctor says "as I was taking down the history of the case, the lady with a horrible cry fell down upon the marble floor rolling vigorously and said she had great burning over the entire surface of her body. After rolling in this way about a quarter of an hour, she was better and sat up again." There are quite a few other remedies where burning is prominent. Among them we notice *Arsenicum album*, *Phosphorus*, *Aconite*, *Agaricus*, *Apis*, *Cantharis*, *Capsicum*, and *Anthracinum*.

In *Arsenicum* the burning seems almost intolerable but the strangest part of it is that this burning becomes relieved by heat. *Arsenicum* excels all the rest of them in intensity and is characterized by restlessness, sudden prostration and midnight and midday aggravation.

Phosphorus has got burning all over, sometimes in small isolated spots. The patient is anæmic, oversensitive and phthisical.

The *Aconite* burning is met with in acute inflammatory affections in their first stage. The great fever, restlessness, impatience and violence are characteristics.

In Apis we have redness, swelling and œdema with burning and stinging (like bee-stings). Unlike Arsenicum it is aggravated by heat and relieved by cold. In Agaricus there is burning, itching and redness as if from frost bites or chilblains.

Cantharis burns like fire ; it has especial affinity for the urinary tract. There is constant desire to urinate and every effort to urinate is accompanied by intolerable burning.

Every body is aware of the most important symptom of Cayenne pepper. It is burning, intelerable, horrible burning accompanied by smarting.

The burning of Anthracinum is mostly in connection with ulcers, putrid sores, gangrenes, and malignaut postules.

Having now seen what our Sulphur patient is like, let us have a glimpse at his mental condition. His memory is very weak particularly for names. He remembers with remarkable accuracy the events that occurred long time ago but not what transpired lately. There are other remedies such as Anacardium, Cannabis Ind., Glonoin, Phos, Acid Phos, where we meet with an equal amount of forgetfulness. Very often he is indifferent ; disinclined ; to everything ; work, pleasure, talking, exercise afford him no enjoyment. It is not the indifference of Phosphorus and Sepia which is manifested chiefly towards one's own relations and beloved ones. It is a disgust for everything mundane as he calls it. If there is anything to which he attaches any importance, it is the question of his own salvation and other similar philosophical speculations.

Some cases of insanity call for Sulphur where the patient suffers from what is called a sort of *fantastic mania*. He is very jolly indeed. He has no care, no anxiety and worry to disturb the peace of his mind. He is an optimist of the first waters. Everything seems full of beauty. Sometimes

he dresses himself in the most tattered rags and considers them as the most elegant decorations.

Sulphur has great influence on the eyes. It is used in retinitis, cataract, keratitis, marginal blepharitis and innumerable other affections.

Sulphur is useful in deafness with humming or hissing in the ears. In the latter respect it compares favourably with Causticum, China, Graphitis, Acid Phosphorus, Petroleum Kali phos and Acid Salicellic.

In Causticum we find persistent roaring in the ears; words and steps re-echo in the head.

The roaring in the ears in China is very well known. It is the accompaniment of debility, the result of a great loss of the vital fluid. We find this symptom very often in women after great flooding or in phthisical patients after a severe attack of hemoptysis, in weak anemic young men suffering from constant loss of the seminal fluid.

Graphites has humming or roaring in the ears accompanying deafness, but the peculiarity about him is that he hears better in noise. You tell him something in a quiet and secluded place and he will have to keep asking you a hundred times but in a street car or in the hum of machinery he is at his best.

In otitis we have to depend on Sulphur especially where other remedies fail in psoric patients with tendency to skin eruptions.

Sulphur has decided influence on the nose. There is profuse catarrhal discharge of burning water from the nostrils out-doors but in-doors they feel stopped up. It has cured freckles and black spots on the nose and face.

Now let us consider the action of Sulphur on the respiratory organs. Beginning with the tongue, we find it coated white with red tip and edges. Sometimes it is full of aphthæ like what we notice in Borax, Mercurius, and Hydrastis.

Laryngitis, pharyngitis, bronchitis, pneumonia and even phthisis, all find in Sulphur a very powerful remedy. In laryngitis we find hoarseness, sometimes aphonia. This hoarseness is worse in the morning. The more chronic the case, the more is this remedy indicated.

In bronchitis and pneumonia its scope is from the beginning to the end. In the incipency and in the stage of inflammation a judicious dose of sulphur will dissolve the whole process by relieving the lungs of their hypercæmia. Again also it is used after Aconite or Bryonia has controlled the congestion preventing hepatization and promoting absorption. In those desperate cases where pneumonia assumes a torpid character and threatens to terminate in tuberculosis, where the patient responds but sluggishly to the indicated remedy, where the complaints keep constantly relapsing, we know of no other remedy that will help us more than Sulphur. The other symptoms calling for it are :—

Oppression in the chest with a sense of heaviness. He feels suffocated, and wants the doors and the windows open, particularly at night. There is that sense of weakness in chest when talking as in Stannum. That sharp stitching pains through left lung to the back, worse lying on the back and worse from least motion, is quite characteristic of Sulphur.

All the features of asthma are produced in the pathogenesis of this remedy. Those of us that have inhaled Sulphur vapor know very well the great influx of phlegm, the difficulty of breathing, the cough and a series of other unpleasant symptoms produced by it. Sulphur has the alteration of skin irritation and asthma. There are innumerable cases on record where the suppression of eczema brought about violent fits of asthma and the asthma got cured by restoring the original eczema.

SKETCH OF HAHNEMANN AND HIS WIFE.

(*Continued from page 147, No. 5, Vol. XXI*).

Hahnemann appears to take pleasure in confessing to the world his affection, almost veneration, for his wife. Shortly after his marriage, in a reply to the Gallican Homœopathic Society of Paris, who had made him their honorary president, the following paragraph occurs : "I love France and her noble people, so great, so generous, so disposed to rectify an abuse by the adoption of a new and efficient reform. This predilection has been augmented in my heart by my marriage with one of the noble daughters of France, in every respect worthy of her country." The letter concludes with the following beautiful sentiment : "Blind as many still remain, let us render them a service despite their repugnance. In course of time we shall receive their benedictions ; for our principle, like sunlight, is one of the most prominent truths of nature."

The manner in which he first discovered that principle is singularly interesting. And a slight sketch of his history will show whether or not we should look upon him as a misguided and senseless visionary. Samuel Hahnemann was born in 1755, at Meissen, an obscure town in Saxony. His father's means were limited ; but young Hahnemann's talents and fondness for study so early developed themselves that his parents made unceasing efforts to procure him a liberal education.

When quite a youth, he supported himself at the University of Leipsic, by translating medical works from the English, and other languages into German. He practised two years in the hospitals of Vienna, where he won considerable celebrity. After this, at Hermanstadt, he was physician, librarian, and superintendent of a museum of coins, to the house of Baron Von Bruckenthal, governor of Transylvania. He obtained his degree as Doctor of Medicine in 1779. After residing in different cities for ten years, he settled in Leipsic. He there sedulously applied himself to the study of medicine, chemistry, mineralogy, etc., besides continuing to make

translations from various foreign languages. The discoveries he made soon obtained him a high reputation amongst medical philosophers on the continent. But the more he studied, the more dissatisfied he became with the usual mode of medical treatment. He lamented its uncertainty, and regarded it as a mere science of guesswork, not yet regulated by positive laws.

His attention was first directed towards homeopathia by observing that cinchona, or Peruvian bark, which is a specific for certain forms of intermittent fever, would produce symptoms singularly analogous to those which develop themselves in that fever, when the medicine is administered to a person in health.

He then tried the experiment up on himself, and experienced the severest symptoms of intermittent fever. Surprised and delighted at this valuable discovery, he enthusiastically applied himself to making experiments with numerous other medicinal substances, and found that they produced symptoms of various diseases. The question then presented itself to his mind, whether the most efficacious method of healing diseases did not depend upon the principle, *similia similibus curantur*, or "the application of remedies for the cure of symptoms similar to those, which the same medicines produced on a person in health."

He determined thoroughly to test *upon himself* the truth of this system, which might prove of much inestimable benefit to mankind. With unwavering firmness he underwent the most excruciating sufferings from the effects of different medicines—sufferings, however, which were hailed with joy, because they inspired him with the hope that he was at last possessed of the means of making medicine an actual science. He induced many of his friends, who were sufficiently enthusiastic to become "martyrs to science," to submit to the experiments he had tried upon himself. He found the same effects invariably resulting from the use of particular medicines. He also learned, in searching the records of ancient and modern medicine, that the operation of medicines designated as *specifics*, developed and confirmed this wonderful homeopathic law. For instance, sulphur, which is a well-known specific for some forms of scrofula,

when taken by persons in health, produced a cutaneous eruption. Several narcotics called forth symptoms of mental aberration, bearing a striking resemblance to those which they are celebrated for curing. Musk, which is a specific for a particular form of asthma, occasioned a spasmodic suffocation. Arsenic, which is used in cases of cancer, produced a state resembling that disease. Burns are relieved, as everybody knows, by the application of stimulating remedies, such as spirits of wine, turpentine, etc. A frozen limb is restored by being plunged into ice-water.

Hahnemann gave to his system the name of homeopathy, from the Greek *homoios*, similar, and *pathos*, feeling or suffering.

At the time he became acquainted with these remarkable truths he was enjoying an extensive medical practice in Leipsic. He was exceedingly cautious in introducing his new system to his patients. He noted down and studied their most trifling symptoms, selected the medicines, and prepared them himself with the utmost care. On administering them he was amply compensated for his pains by observing that cures much more rapid and far more certain than he had hitherto been able to effect were the result of their steady use.

Hahnemann's next discovery was the importance of the quantity or size of the doses. In explanation of this, I quote the following passage from a life of Hahnemann, by Dr. Hull, one of the most intelligent and experienced of his disciples in New York.

"He observed that medicines, *even in fractions of a grain*, if homeopathically indicated, frequently produced an aggravation of symptoms that demanded the intervention of an antidote. To obviate this objectionable effect, he conceived a peculiar mode of diluting remedial agents, which divests them of so much of their specific power to increase, while it augments the power to extinguish diseases, as in the older method, has been found productive of so much danger and suffering. A knowledge of such a result prompted conscientious allopathists to inquire of themselves whether the violent forms of disease, the broken and wasted constitutions, and even lingering deaths, which had occurred so often in ordinary

practice, were not more attributable to large doses of medicine *indicated* homeopathically than to the manifestations of illness itself ? The rejection of allopathia by many who pursued the inquiry requires no comment."

During the year 1800, when the scarlet fever raged epidemically in Germany, Hahnemann contributed a most invaluable addition to his system in the use of *prophylactics*. It originated in his observing that the skin of children, who were poisoned with the berries of *belladonna*, was covered with an eruption similar to that usual in scarlet fever—also that they exhibited several other symptoms corresponding to those, which developed themselves in attacks of the epidemic. He applied belladonna to the cure of scarlet fever with great success. The reflection that *vaccine*, which is so extremely analogous to small-pox, served as a preservative against the latter suggested in his mind the possibility of belladonna's proving an equally certain preservative against scarlet fever. Numerous experiments soon established the existence of its prophylatic power. At the present day it is very generally used in Germany as a safeguard against this fatal fever, both by allopathists and homeopaths.

Hahnemann keenly felt the greatness of his responsibility in promulgating a new system, which dealt with human lives ; and the accuracy necessary in the preparation of homeopathic remedies induced him to restrict himself to the use of medicines prepared by his own hands—particularly as the interest of apothecaries made them at variance with his system. The celebrity which he gained by performing some extraordinary cures upon persons of eminence excited the envy and animosity of allopathic physicians to such a degree that they openly persecuted him. Medical men united with apothecaries in their violent opposition. They discovered an obsolete law, which imposed a heavy penalty upon physicians who attempted to dispense medicines, conferring an exclusive monopoly upon licensed apothecaries. This law, the enemies of Hahnemann attempted to carry in force against him. It reduced him to the necessity of relinquishing a lucrative practice unless he

chose to endanger the advancement of a system of medicine which he firmly believed to be the safest and most beneficial one. He could not conscientiously consent to risk the lives of his patients by trusting the preparations of powerful medicines to careless and uninterested persons. He therefore abandoned Leipsic, and repaired to Coethen, in 1821.

The Duke of Anhalt Coethen became his friend and patron ; and he was not only permitted to practise upon his own system, but enjoyed the titular distinction of Counsellor of State. Thus he was permanently placed beyond the reach of his petty persecutors.

Hahnemann resided fifteen years at Coethen, prosecuting a brilliant career, and honored by the highest patronage. After the first seven years he published a work of four octavo volumes, on chronic diseases. He was continually perfecting his system by a series of experiments upon himself, and upon his friends, many of them of the most painful nature. His fame soon spread over Europe. At home he met with the most encouraging success ; and patients of rank from abroad travelled thousands of miles for the sake of consulting the revered father of this extraordinary science.

Hahnemann, when he married the second time, was induced by his wife to leave Coethen, and take up his residence in Paris, not, however, to increase his already oppressive celebrity, but to obtain repose. He arrived in Paris incog, not permitting even his most enthusiastic disciples to become aware of his neighbourhood. After residing a short time in the utmost privacy, his retreat was accidentally discovered. From that time, his doors were thronged from morning until night ; and but for the assistance of his gifted wife, he would have been unable to endure the fatigue to which he was daily subjected. He was complimented at once by royal grant with the full privileges of medical practice. Those who have experienced the benefits or evils of his mode of treatment can best answer whether that practice should be hailed as a blessing to mankind, or denounced as prejudiced to the well-being of the human species.—*The Chironian*.

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The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute
medicine. — HAHNEMANN.

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VACCINE THERAPY.

Again and again we hear of new discoveries in the field of medicine. Our friends of the dominant school have undoubtedly made wonderful progress in every department of medicine excepting that of medicine itself. The discoveries in the domain of anatomy, histology, physiology, pathology, bacteriology &c. &c. have revolutionized our ideas with regard to these branches of the medical science ; but what have they done with regard to medicine itself.

Since the days of blood letting and leeching, many new methods have been adopted for the treatment of various maladies that the human flesh is heir to. With the discovery of the germ theory of disease, all treatment has been aimed at the destruction of these germs. With the idea of auto-intoxication, the treatment of various diseases by anti-toxins were attempted. The success of the treatment of diphtheria by anti-toxin led to the use of toxins in various maladies. Then the use of serums came in vogue and the works of

Pasteur, Koch and others in this direction are well known. But some of these eminent scientists themselves admitted the futility of their methods. In this country the inoculations for plague and cholera by Koch, Haffkine and others are remarkable examples.

Now I think we have come upon the days of vaccine therapy. It is a wonder that they did not come upon this in the days of Jenner when vaccination against small pox was first introduced. All this is the result of having no fixed law or guiding principle for the treatment of disease. Homeopathy, however, has made no change in the methods of its treatment and it still uses many of these so-called vaccines &c in their own way according to their immutable law of similars, while the number of adherents to the cause of homeopathy keep on increasing from day to day. We quote below what our immortal Hughes said about the matter many years ago. I might also quote Dudgeon, Burnett, Allen, Hering and many others but this will suffice. Speaking about vaccination he asked "Is this a homeopathic medicine? Does it act upon the principle of similarity? If we were to claim it as such we should have the support of one of the leaders of the old school Sir George Humphry. In an address reported in the *Lancet* of Oct. 24th, 1895, he is represented as saying—"I often wondered that the advocates of the Similia Similibus doctrine, in their vain efforts to find some reasonable ground for their theory, did not alight upon, or make more of the practice and results of vaccination coupled with those of inoculation. Here was to hand the unmistakable evidence of a disease being hindered or prevented or stopped by modification of the like, that is to say, of that which caused it. By inoculation—the introduction, that is, direct of the poison of small pox—the disease was produced; by vaccination—the introduction of the like of that

poison—the disease was prevented. Prevention and cure are near allies ; and was it not possible, even probable, that cure might be effected by means like those which staved off disease ? ” Sir George is not very lucid and betrays somewhat imperfect grasp of what the *similia* of our formula are ; but that may pass. We welcome him as crediting to homeopathy the actual benefits of and prospective inferences to be drawn from vaccination ; and we can assure him that homeopaths have not been blind to the support apparently brought to them from this quarter. They are aware that the accepted doctrine is that the *vaccinia* of cows is their *variola* ; and hence, that in vaccinating we are really inoculating small pox, and that the immunity of the vaccinated arises from their having already had a mild but effective attack of the disease itself.

The relation of the two *contagia* here looks like one of similarity rather than identity. Again vaccinia has been among us attenuated after our fashion and administered as an internal remedy in small pox. So given it has been found either exerting its recognized abortive power, and that more rapidly than when inoculated in the usual manner ; or if too late for this, it has behaved as our remedies ordinarily do and has conducted the case through to our entire satisfaction.” We quote below a few lines from one of the daily papers which will be of interest in this connection :—

MICROBE VS. MICROBE.

Of profound interest alike to the medical world and to the general public is the report of the Inoculation Department of St. Mary's Hospital, Paddington, the director of which is the famous surgeon, Sir Almroth Wright. In 1903 one small room had to do duty for the housing of the fledgling department of “Vaccine Therapy” ; now-a-days its home is in the Clarence wing of the institution, and it has a staff of 13, three large laboratories, 10 smaller rooms, and five wards (31 beds) are devoted to the reception of patients,

while the out-patients dealt with weekly are to be numbered by hundreds. The method adopted is to inoculate the sufferers either with a vaccine prepared from a growth of the patient's own microbes or of one composed of similar microbes obtained from other similar cases :—

During the past two years the department has dealt with some 2,000 patients, of whom 500 are still under treatment. Of these 2,000, the majority have been referred to the department from the surgeons and physicians of the general hospital, a smaller number having come from various outside sources. Among the latter class were two men who made pilgrimages from Russia and Hungary respectively, in the hope of deliverance from their microbic oppressors, and another wretchedly ill with an exquisitely painful foot, who crossed the Continent of America and suffered torments in an Atlantic steerage, rather than submit to the loss of a limb without playing the last card to save it. The latter, unhappily, arrived with the disease established not only in his foot but also in one lung and one kidney. The struggle against these long odds was well maintained for a while, but it was felt that he could not sustain to the end so great a burden, and amputation of the foot was advised. He is now, after removal of the foot, keeping in excellent condition. In one important particular the work of the department has lain outside the sphere of vaccine therapy. In the period intervening between the announcement of Professor Ehrlich's brilliant synthesis of the arsenical compound, "606" (or "salvarsan") for the treatment of syphilis, and its commercial introduction, it undertook at the instance of Professor Ehrlich, some investigations of its curative properties and, in particular, of its bearing upon the general phenomena of immunisation. The findings of the department as to its extraordinary curative value have been so generally in agreement with those already published by many other observers as to warrant no special description in the report, while the results of more detailed inquiry into its precise mode of action must be held by pending future elaboration.

SANITATION OF BENGAL

A Government Resolution on the Sanitary and Vaccination reports for Bengal for the year 1911 published in to-day's "Calcutta Gazette" says that the expenditure by municipalities on conservancy, drainage and water-supply decreased from Rs.24,88,154 to Rs.22,58,679, the decrease being due to the fact that the expenditure in the preceding year was abnormally large, owing to the construction of drains in various towns. The experiment of employing peripatetic gangs of sweepers for cleansing villages and rural towns was tried in the Patna, Gaya and other districts. The report contains an interesting statement showing the effect of important sanitary works, and the death-rates before and after their execution. Owing to the ravages of epidemics, the beneficial effects of these schemes are not always reflected by the death-rates, but it is interesting to note that in eight of the thirteen cases quoted, there has been a very considerable fall in the death-rate, while two out of the five towns in which the death-rate has increased suffered severely from plague. The introduction of filtered water checks the incidence of cholera and other water-borne diseases but, unless accompanied by the introduction of an efficient drainage scheme, leads to the stagnation of a large volume of waste water and a corresponding rise in the incidence of fever.

Sanitary Board.

During the year, seven new schemes of water-supply were taken up. Six schemes were under the consideration of the Board in their initial stages and twelve were proceeded with. Eleven drainage schemes were in the course of preparation in the Sanitary Engineer's office, and five others were either examined or revised, while work was in progress in sixteen schemes. In many cases progress has been regrettably slow, and although the contractor is often to blame, it is clear that the Municipal Commissioners themselves could do a good deal to accelerate the progress of work.

In order to stimulate the inception of adequate drainage schemes in suburban municipalities, the Bagjora canal has been excavated

and improved at Government cost, and it is hoped that the various municipalities in the vicinity will make use of it as an outlet for their drainage. So far, however, the local bodies concerned have not shown the desire, and in some cases have not the ability, to profit by the help thus afforded by Government.

Expert Report.

A step in a new direction has been taken by the proposal to create a special Public Works Division for the purpose of investigating drainage conditions. It is a common and oft-repeated cry in Bengal that the cause of malaria is largely due to defective drainage. What is needed is a systematic investigation by an expert establishment, which should be able to submit a definite and authoritative report regarding the localities in which the drainage is defective, stating the extent and nature of the defects, and the possible remedies and their approximate cost. This information will now be collected by the special officer appointed for this purpose, who will first investigate the conditions near the Bhairab river in Jessore.

Health Officers.

Since the close of the year under report, it has been decided to organize a sanitary service for the province, with Health Officers in charge of the large municipal towns and properly trained and qualified Sanitary Inspectors for other towns and rural areas. The details of the scheme are now being worked out and the course of training for the inspectors drawn up, as the first essential is the supply of properly trained men. The organization of the service in municipal towns will first be taken up, as they are compact and more easily managed areas, but it is hoped, within a reasonable time, to extend the scheme to the rural areas also.

THE FAMILY DOCTOR.

It sometimes happens that after the mourners are assembled and the obsequies about to begin the corpse suddenly comes to life and the services are indefinitely postponed. There has been much predicting and considerable mourning

over the possible passing of the family physician, and the ushering in of the specialist and the salaried Medical Inspector. But the family doctor is far from being a corpse, while the present signs of the times indicate that instead of passing he is only resting, and the next generation will see him fresh from the bath of the fountain of perpetual youth, reinvigorated and rehabilitated.

Dr. Abraham Jacobi, President of the American Medical Association, in a recent speech in Boston said :—

“What I want you to learn is to revere and adore the general practitioner. There are a few left of the species called family physicians. Mind what I say, in 25 years he will recover the place of honor which was his 50 years ago. It will be he who, alongside and on account of his other work, will again build characters and souls, which some of you have said is the only office left for the physician.

“You will find much to do in your social work, little things, big things. Only be sure not to rely on inspectors, male or female. Go yourselves, no money purchases eager soulful sympathy, and be always sure that an ounce of prevention is vastly better than 10,000 pounds of professors.

“Go yourselves. We report too much, we write too much, we talk too much, we wait too long. I know the old proverb that the road to a certain hot place is paved with good intentions.”

Dr. Jacobi is eminently right. The family physician is not passing and will not pass but rather will become more essential to the physical and moral welfare of the individual family than ever before. It is he who has it in his power to do more for character building than any other man, layman or priest. His functions may not be the same as in the years gone by when he made his “rounds” in the old “doctor’s buggy” behind the jaded horse and dispensed medicine and

warnings ; but it will be just as personal, just as human, just as deeply sympathetic, but far broader because more enlightened and far more powerful for good because less hampered.

The family, be it small or large, which has not that luxury, nay, that necessity, "the family physician," to whom it can turn for counsel and advice upon the thousand and one cares which perplex and annoy, is indeed handicapped. Instead of needing him the less, he is needed the more because of our present day complex methods of living. Pure food laws, sanitary regulations and medical inspection are all necessary and make for better health, but the interpreter and the individual "applicator" of those laws must be the family doctor, because he is or should be so well acquainted with each of his patients that he can best individualize. The actual prescribing of medicine may be the least of his duties. But if he is of that broad mental calibre such as Dr. Jacobi describes, he will be the high priest in that family and dispense not medicine alone but good health and true morals.

If there is one person more than another who to-day needs to be told how to live it is the newly-made wife, be she rich or poor, educated or ignorant. For upon her proper knowledge depends much of the health and morals of the oncoming generations. Who can better instruct her how to live than the family physician who knows her best and probably has known her from birth ? Of whom will she more readily take instruction on the matters of sexology, eugenics, family diet, climatology, and even personal dress than the family physician ?

Does not the young husband need almost if not more instruction on the same subjects ? If this new couple and all new couples just beginning married life would at once, even before they rented their flat, attach themselves to a wise

family doctor and be guided by his wisdom, we would hear less of race suicide, "female complaints" and marriage failures. All divorces do not spring from temperamental difficulties. The physical plays quite as important a part, and not infrequently ignorance and misunderstanding are the fundamental elements. Even here the high priest of the family altar could by judicious counsel and instruction divert many an estranged couple from the pathway leading to the divorce courts. Who better than a wise family physician could handle that delicate subject of sexology to the adolescent boy and girl ? Then as old age "creeps on apace" and the pitfalls of arteriosclerosis, nephritis, gastric ulcer, cancer, tachycardia, and apoplexy yawn on every side, what is more helpful or necessary than the same educated, alert, sympathetic family doctor to steer his patient safely past the slippery places into the pathway of comfortable old age ?

All this modern medicine makes entirely possible. It lies, however, in the word, "prevention," but prevention cannot be applied successfully by law or force. It must be instilled into the daily life so as to meet individual requirements, and the only person who can and will do this is the educated high-minded, conscientious family physician.

We take off our hats to the family doctor both of the past and the future. May he reach and fulfil the great things expected of him !

HOW TO BE A SUCCESSFUL PHYSICIAN ?

(*Continued from page 182, No. 6, Vol. XX.*)

Now, what we have said against pathological prescription, we hope, is sufficient to make us careful that we may not go astray from the way of our principle.

We now come to the most difficult part of a physician's

duty—that is, how to ask questions. Here lies the ingenuity of a physician and also the secret of his success. Never ask leading questions to your patient, for it is your supposition and not what your patient feels or suffers. For ours is individualising examination of a case of disease, for which we shall give a general direction.

The patient details the history of his sufferings and his old acquaintances till what they heard him complain of, how his temperament changes and his behaviour &c.

Be careful that there may not be any interruption when answering, because it breaks the train of thoughts of the narrators, and all they would have said at first does not again occur to them in precisely the same manner after that.

When the patient finishes his voluntary details, the physician may make use of some general expression in order that his informants may be obliged to enter into special details concerning them. For example, what is the character of his stool ? How does he pass water ? How is it with his day and night sleep ? What is the state of his disposition, his humour, his memory ? How about the thirst ? and so on (See Sec. 88 of the Organon).

Physician should also mark how the patient behaved during his visit—whether he was morose, quarrelsome, hasty, lachrymose, anxious, disparing or sad, or hopeful, calm &c. (Sec. 90).

Sometimes a physician is at a loss to get proper information from his patients, because they hide it for any cause of disgraceful character, such as enurism, infection of venereal disease, unfortunate love, jealousy, embarrassment of pecuniary nature, an imperfection of private parts &c. Here he must try to elicit by skilfully framing questions, or by private information (See Sec 93).

As to female patient it is specially necessary to pay attention to pregnancy, sterility, sexual desire, accouchement, miscarriages, suckling, and the stage of menstrual discharge &c.

Physicians are sometimes duped by falsification of symptoms and sufferings given by hysterical patients, or by hypochondriacs ; but on careful study of such patients you will come to know that they are not insane persons. They do so for their excessive sensuality in which case this very exaggeration of their expression when talking of their ailments, becomes of itself an important symptom which will lead you to proper remedy.

My dear good readers, I shall speak a word or two on a point of vital importance, that is, on the repetition of the homeopathic remedy, for which I extract *verbatim* from the Repertory of the Antipsonic, Antisyphilitic and Antisycotic remedies by Dr. Bonninghausen. The good translator Dr. Boger's Preface begins with the following few lines :—"In presenting a translation of this work, I am not unmindful of the fact it is two third of a century old. It is, however, well to remember that the maxim of Homeopathy does not blossom and fade as do those of Allopathy, but stand on a firm rock of demonstrable fact, need no far-fetched theoretical explanation for every prescription. It may also be pointed out that after nearly a century of opposition Homeopathy still grows, suffering more from incompetent followers, and those imitators who lose no opportunity to filch from her storehouse secretly while openly reviling her, than from honest opposition. Unfortunately, however, for their patients these very men render many cases well nigh incurable by the frequent repetition of a more or less similar remedy in low potency, or massive doses, for the nearer it approaches similimum, the greater the injury does its

continued repetition do. Verily they are using two-edged tools."

As to Repetition of dose.

I shall put a stop to this subject after furnishing you with a valuable instruction of our Master from Coethen 1833. This is as follows :—

"In the former edition of the Organon I have recommended the necessity of allowing the single undivided dose of the well-chosen homeopathic remedy always to exhaust its action before a new or the former one is again administered—an admonition which was derived from the positive experience that a larger dose of the ever so chosen remedy (a retrogressive step lately re-advanced), or, what is the same thing, several small rapidly repeated doses, can seldom accomplish the utmost good in curing any, but specially chronic diseases; indeed. By such a procedure the life force does not calmly turn from discordance of a natural disease to harmony through a similar medicinal sickness, but one large or many rapidly succeeding repetitions of a small homeopathically chosen dose to lend to arouse and irritate it so violently that the reaction which ordinarily manifests itself in most instances as nothing less than salutary becomes more injurious than beneficial. Smallest, I say, in as much as it is and ever will be that no experience in the world can tenably disapprove the homeopathic law of cure which does and will hold that the least dose of the correctly chosen remedy for acute as well as chronic disease is always the smallest one, in one of the high potencies, a truth the priceless property of pure Homeopathy and which separates it from Allopathy. and not much less than new eclectic sect jumbled together of homeopathic and allopathic experiences as long as they gnaw like a cancer at the life of the invalid, seeking to despoil it by ever increasing doses of medicine and will

keep these debased arts at a distance from pure Homeopathy as by an immeasurable chasm."

Careful homeopathic physician does not venture to repeat the same dose of similar remedy again, because from accurate observations he has experienced no advantage, but on the contrary oftenest, certain injury therefrom ; he commonly saw an aggravation when after giving smallest dose of the similar remedy to-day, repeated it to-morrow and the next day ; hence, when after the most accurate selection he was certain of the homeopathicity of his medicine and desired to attain more for the sick than ordering the single dose had hitherto accomplished, he naturally hits upon the dose, and because of the above reason it must necessarily be single, in order to fortify it, he, instead of giving one minute globule, for instance, medicated with the highest potency, administered 6, 7 or 8 at once, or half an entire drop thereof, but almost without exception the result was less satisfactory than it should have been, in fact, often unfortunate or frequently bad, an injury very difficult to correct in a patient treated thus ; to take larger doses of low potencies here gives no better result.

Experiences teach us that strengthening the single dose of the homeopathic remedy unto forcing the desired and needful degree of pathogenetic stimulation for the vital force to an effectual curative reaction in no wise fulfils the desired object, thereby life force is too suddenly attacked, and violently shocked, so that there is no time for her to accommodate herself, to the change by a steady and uniform counter-action ; therefore she tries to expel this hostile overdose of the medicine by means of vomiting, diarrhœa, fever, sweat &c ; thus the aim of the careless physician is for the greater part, or entirely, frustrated, and very little or no good towards curing the disease is thereby accomplished ; but on the other hand the patient is visibly weakened, and

we do not think again giving the smallest dose of the same remedy to the patient for a long time, but it should act injuriously upon him.

In chronic diseases a dose of well selected remedy should be administered every 8th, 9th, 12th and 15th day, that is, do not interrupt the beneficial action of a remedy of high potency, by another dose which may counteract the first dose, and this first in most places is sufficient enough to bring complete recovery.

In acute diseases the time of repetition of the fittingly chosen remedy regulates itself according to the more or less rapid course of the combatted illness, so that if necessary it is repeated every 24, 16, 12, 8 or even fewer hours when the medicine unquestionably helps without exhibiting new symptoms ; but for the rapid and dangerous course of very acute maladies, these are not sufficiently active, so that in cholera, the most rapidly fatal of known diseases, with the inception of the sickness one or two drops of diluted Camphor solution must be given every five minutes, in order that rapid and certain help may be obtained, but in the more developed cholera also doses of Cuprum, Veratrum, Phos. &c. often every 2 or 3 hours, or sometimes Arsenic &c. at like short intervals are needed."

Some patients cannot suffer the action of remedy, their nervous system being deeply affected and irritated, and for hypersensitiveness of senses, fearfulness, anxiety, inclination to lie down, aversion to open air ; passionate, peevish, obstinate disposition. These symptoms should be removed by higher potency of Nux. and sometimes Pulsat, and in rare instances with such excessive irritation of the nervous system we will have resort to Asarum, Chamo, China, Ignatia, Teucrium or Valeriana when these remedies are more suitable for the entire condition.

For such patients our Master advises us to administer Homocopathic drugs of higher potency not below 30th, by inhalations; for it is much quieter, as it does not make them irritated or hypersensitive &c. He says that for more than a year among the numerous sick that have sought help from me and my assistants, I can scarcely name one in a hundred whose ailment, be it acute or chronic, that we have not treated with desired success simply by such inhalations; in the latter half of this year I have come to the conclusion, heretofore incredible, that this mode of inhalation of medical dynamis exercises at least a degree of power on the patient equal to that when the medicinal dose given by the mouth, at the same time it is much quieter, and just as long, therefore, the time of repetition of the inhalation cannot be shorter than when the material of the dose is taken by the mouth.

One globule, 10 to 20 of which weigh a grain, moistened with the 30th or highest potentized attenuation and dried, retains its full power for this purpose undiminished for at least 18 to 20 years (as far as my experience goes,) if protected from heat and sunlight.

NILAMBAR HUI, Serajganj.

HOW NOT TO DO IT.*

BY DR. MARGARET TYLER.

Mr. President, ladies and gentlemen,

Dr. Kent, Dr. Gibson Miller, and others can tell you, from long years of successful work and experience, HOW TO DO IT. I feel that I am equally well qualified, from some years of poor prescribing and much failure, to tell you HOW NOT TO DO IT.

* Paper read at the International Congress, 1911, and published by permission of the Congress Council.

I used to get brilliant flashes of light and joy—*when I hit the drug*—and that was just often enough to keep up the enthusiasm of an optimist like myself ; but take it all round, it was failure ; and because it may help some of you, I will try to tell you why.

Homœopathy, as you and I know, would work, and did work. But I had not properly mastered it ; my ideas were too crude, my methods too lawless and untrained, for it would only work fitfully for me. The Power was there, right enough, for the illuminating flash testified to its presence ; but I could not draw on it with confidence at all times, or make it work quietly and surely—as POWER will work for those who understand the forces they harness, and can recognise their laws and limitations, and the peculiarities of their manifestations. I had not learnt, in short, my Philosophy. . . . To tell you the truth, I did not know that there was any Philosophy to learn. And without its Philosophy, one may use Homœopathic medicines, even Homœopathically, but one is no Homœopath, and one will never get uniform or satisfactory results. One will never even recognise the meaning of the results one does get, or realise their significance, or know how to deal with them. *Remember that the one thing that Power exacts is Obedience.* Electricity is a great power ; no man has doubted its existence ; for the roar that has followed the flash since the dawn of time has proved too much for the stoutest sceptic. But to utilise this power, man must court it in its own way, obediently, guiding it through its own chosen channels, conforming to its idiosyncrasies one by one as he makes its better acquaintance and discovers them. It is only by faithful obedience to the Master-power that it may be bent to work for man, obediently, as his slave. So with Homeopathy. There are no rough and ready methods. A child can stroke a cat's back and get sparks ; but for a

steady useful current, to drive engines, or light a city, or girdle the earth, all the known laws must be rigidly conformed to. TO MASTER, THE FIRST THING IS TO OBEY. No great power works without definite laws and limitations ; and these we have got to reckon with, or fail.

And in Homœopathy, as in electricity, you have either something or—*nothing* ! Both are giddily intangible—only to be recognised by results. And in both there are no half-measures. All has got to be in order with your methods if the steady current of healing is to flow. A spark here and there—even devastating—is not business. It is convincing in its way, and may even hold a promise of better things, if you can better your methods of dealing with it.

For a Homeopath, I suppose the first often-fatal step is to label diseases, and then to label drugs to match. To ticket Rhus and Bryonia “Rheumatic remedies” and practically make your choice between them, and to fling it in the teeth of Homeopathy when they fail to cure a case that required Sulphur or Tuberculinum, or—the dentist. To regard Sulphur and Graphites as “skin medicines” and utterly fail in the cases, and they are not a few, that demand Pulsatilla. To set Sepia aside, as “a remedy for women’s complaints,” and scorn the person who dares to give it to babies. Whereas, if you are to work your Homeopathy for all it is worth, you will have to cure individual cases of tubercular dactylitis with Sepia, of all medicines !—of goitre with a mass in the right lobe—not even the left—with Sepia (I showed such cases recently to the British Homeopathic Society), constipation with Rhus, or Variolinum (with Dr. Burnett) ; or (with one of our men recently) a nocturnal gastralgia with wasting by a single dose of Syphillinum. If you are to *do it*, and to do it *often*, you have just got to let the disease alone and go for the patient. You have got to say, not

“This is a case of Rheumatism, and I might try *Rhus*, because *Rhus* is a very good medicine for rheumatism,” but “This is a *Sepia* patient, and whatever ails her, it is *Sepia* she needs and no other medicine.” My goodness! if I had known that from the beginning! And, for your own sake, don’t be too ready to say, “I tried Homeopathy for such a case and it failed.” Remember, it was *you* who failed; and the very fact that you failed proves that, whatever it was, it was *not* Homeopathy. The POWER was there all the time, only you failed to apply it. Say this to some one who knows, and he regards you—pensively. You have merely betrayed your own limitations.

Now the second fatal stumbling-block is the cabalistic sign t.d.s.—*ter die sumendum* (which the knowing ones reserve for placebo). I suppose that that has blighted more brilliant Homeopaths in the bud than one can imagine. And next to that, in its self-stultifying mischief, comes the atrocious formula of those who fondly imagine that they are doing very high-class Homeopathy indeed, “*once weekly*.” When I started on my career of failure and bad prescribing I saw every one giving drugs t.d.s.—for *chronic* cases anyway :—think of it! And never having learnt to prescribe, I fell headlong into the pit. In vain my mother protested—she had learnt good Homeopathy in the early days of better work. “It is quite wrong,” she said, “to give medicines like that, and for weeks at a time. It is not Homeopathy at all. *Directly* there is improvement, you must stop; and only repeat later, if the symptoms return unchanged.” But t.d.s. was everywhere the rule, on which I proceeded to improve: for knowing that potencies worked, I gave 30s and 200s thrice daily—or once to three times a week, as the spirit moved me; not divining that if one *must* play the t.d.s. game it is well to employ the drug in its highest state of

impotency—perhaps about the 3x; where you have not enough quantity for crude effects, or enough penetrating power for deep and lasting mischief. Men do get excellent results in some superficial cases in this way. Worse than all, I led others into the same error, inducing them to try the high potencies; but always thrown back on myself to wonder why, when I had made a good prescription, the patient, after a few days' splendid betterment—“*Why, I thought I was cured for the first three days!*”—relapsed and came back worse than ever, or with new tales of woe, for which a new prescription went down—with like result. Always better—and then worse, perhaps in a new way; but never, never, never cured! Gentlemen, you can go on in this way for years, curing your patients till they die. They will forgive you the relapse each time for the good hope of the first three days; in fact, that will go down to your credit, and the rest to the credit of the disease. You can ring the changes with a regular sequence of Amelioration; drug effect; new prescription:—Symptoms wiped out; new drug symptoms; new drug to meet them:—Fresh amelioration; fresh mischief; and again another remedy of like symptoms which, like all its predecessors, ameliorates promptly, and then proceeds (if persisted in in this idiotic way) to set up its own train of symptoms, for which you again drearily prescribe—while Homeopathy sinks lower and lower in your estimation, and the younger men wonder that you have lost all enthusiasm for its cause. Even in those days of little knowledge I could often have done quite brilliant work had I used my mother's words and adjured the patient, “**DIRECTLY YOU ARE BETTER, YOU HAVE GOT TO LEAVE OFF YOUR MEDICINE, AND NEVER TOUCH IT AGAIN, UNLESS YOU ARE REALLY WORSE!**”

I am afraid I spoilt several men's work by inducing them

to try the higher and highest potencies. I know that I am giving myself away badly, but perhaps that is necessary. For, gentlemen, every evil that I have done in my ignorant flounderings after better things lives on in some corner of the L.H.H., and I am always meeting my sins at odd moments and round unexpected corners—*hinc illæ lachrymæ* ! I have seen *Calc-c c.m.* prescribed *thrice daily for a month* by a man who was, as he expressed it, “*giving the high DILUTIONS a trial*”—and my evil suggestions as to giving Tuberculinum weekly while one gave, say, Silica 30 t.d.s.—(Silica, that deep-acting drug of 40-60 days’ action !)—are still haunting the place like evil spirits that it will take more of the holy waters of repentance and confession than I can manage this afternoon to lay.

But it was not all imagination and daring experiment. I did try to work out my cases—believing that when I failed it was because I had the wrong drug ; which by no means follows. I did try to work out cases, with hours and hours of labour—generally in vain ! For I had never been trained. Till our first Scholars came back from America, no one had ever taught me how to recognise the few symptoms of inestimable value in the equation ; no one had ever shown me how to eliminate drugs and minimise labour *by starting with certain general symptoms well marked in the patient*. I had no faintest idea how to work economically as regards labour. I would start by writing down that terrific list of drugs producing constipation—if the patient complained of that trouble ; and so on through all his symptoms, important or unimportant, even mechanical and probably altogether misleading, giving to each drug its value according to type, and never once considering (what is most important) *whether the type coincided in patient and drug* ; then rounding up with an arithmetical calculation. Sometimes the drug came

out—but the labour was hideous, monotonous, and not even remunerative in results. I was not easily beaten; if there was anything *in* repertorising, I was determined to master it, and more to make it practical with a minimum of labour; for I went so far as to devise a card-trick system, every card a symptom, and all the drugs that produced that symptom punched out. I deafened myself punching one thousand such cards—I have them still, a great cabinet full. But even this could not help, because the system was wrong. *When one knows how to repertorise*, a choice from some 80 cards of “general” symptoms in a small portfolio is all that is needed to start a case—often to work it out in five minutes with a glance at the materia medica—*had I known!* But I have learnt one thing from all this, and that I am competent to teach any one, viz., *how not to do it*.

Another way to insure failure, in some cases, is to start your repertorising (by way of weeding out useless drugs and lightening labour) not with Generals, but with some list of drugs that has the patient’s ailment. Say it was my case of goitre where Sepia cured—one dose of Sepia. In my days of fruitless repertorising, I should have begun work on a case like that by writing down all the drugs that have been found useful in goitre; then, as there was a mass in the right lobe, I should have eliminated all the drugs, by the help of another list, that did not affect the right side of the body—or neck. And I should have failed—absolutely and inevitably have failed; because Sepia is in no list of drugs known to affect the thyroid gland; and again, though Sepia is among the drugs that pick out one side of the body, it happens to choose the left side for its operations—in the general way; so again I should inevitably have missed it. She got Sepia because she looked and was a typical patient, with Sepia symptoms—and because I simply could not give

her anything else—*then* !—my absurd intention being, to cure her first, and then to tackle her goitre. But *if* (and it is a large IF) you *cure* your patient, the odds are that there will not be anything left to cure. Your business is to cure her ; the rest is her affair. Make her normal, and she will have no further use for acquired abnormalities. Healthy nature makes short work with superfluous details ; for she can waste as well as develop. Given the irritant, and she will sprout “ultimates,” and in vain you prune them away. Put her right, and she starts clearing them off and setting her house in order. BE WELL ASSURED THAT NOTHING CONTINUES TO EXIST WITHOUT A CAUSE ! And learn a lesson from the tadpole’s tail—it has taught me much. *I used to think that it dropped off !* We have a great deal to learn about absorption !

Another way NOT TO DO IT is to be too ready with your prescription. If you take a lot of trouble with a case (*when you know how !*) it will give you very little trouble afterwards. Conversely, if you take a very little trouble to begin with, it will give you endless trouble, many times repeated. For you have fouled the clear waters with a wrong prescription, and how are you going to peer into the depths ? You have no longer a true disease-picture to match. One bad prescription leads to several, perhaps to a hopeless mixing-up of the case. “Curses and chickens”—and bad prescriptions—“come home to roost.” If you are not sure, give a placebo and wait. Hahnemann says a week’s placebo to start with, anyway !

(*To be continued.*)

DEEDS SPEAK LOUDER THAN WORDS.

The Council of Medical Education of the American Institute of Homœopathy (which is the national organization of the homeopathic physicians) has carefully collected the authenticated figures, mostly official, and from hospital reports, of the relative death rates of the scientific old school, or allopathy, and of Homeopathy. Here they are :—

AVERAGE FOR 100 YEARS —PERCENTAGE OF MORTALITY.

	<i>Allopathic.</i>	<i>Homœopathic.</i>
Cholera.....	49.57	16.83
Yellow fever.....	43.68	5.33
Pneumonia.....	31.22	5.34
Typhoid fever.....	33.95	8.58
Diphtheria.....	50.3	11.2
Erysipelas.....	8.6	1.6
Small-pox.....	33.3	18.5
Measles.....	6.3	3.7
Hydrocephalus.....	90.	57.
Pleurisy	13.5	2.5
Dysentery	22.	3.
Peritonitis.....	20 5	4.5
Scarlet fever.....	20.6	2.17
Croup.....	78 5	21.5
Diarrhœa.....	21.	9.

These figures fairly represent one's chances for life and health under the two great rival systems of medicine, that hold good, relatively, to-day. Intelligent men of the world will say, "Oh, yes, Homeopathy is good for women and children, but not for men." It is good—the best—for women and children and equally so for men, even the most rugged of men, for it intelligently takes hold of a case with the results to be seen above, by the grand averages of a century. We hear, or read, a great deal about the "wonderful progress of modern medicine," but no man can put his fingers on it.

A hundred years ago it was calomel and bleeding, and it has wound about through many modes of treatment until at the present moment, as every person informed on the subject knows, its therapeutics consist chiefly of animal serums or bacterins and vaccines obtained from diseased human beings, and, in one manner or another, injected into the body of the patient being treated. Of course, the inquirer hears of "marvellous results" following this treatment, but the student of medical history knows that the same marvellous results followed every treatment taken up and afterwards discarded during the past. These optimistic gentlemen, who, we believe, are honest, are always "just on the verge of conquering" a certain disease but—"more time is needed for further investigation," and then—silence ! The thing wouldn't work. Why ? Because disease is not a specific thing to be "conquered," but each case is a human being who is ill, and each is ill in a manner peculiar to himself, and should be treated accordingly. The search for a remedy that will "conquer" every case of illness tagged in health offices by the same *name* is like the search for the philosopher's stone or the fountain of youth. Yet that is the wild quest of "scientific medicine" to-day, a search as visionary as that of Ponce de Leon, though not so harmless.

—*Homeopathic Envoy.*

SULPHUR.

(*Continued from page 187, No. 6, Vol. XXI.*)

Dr. Villers mentions (H. R., XV 563) of a case of eczema that he cured with a single dose of Sulph. cm., the suppression of which by external ointment brought about a very distressing attack of asthma. After the administration of the remedy the eczema got so very aggravated that the patient tore her clothes off, rolled on the floor and scratched and scratched till she pretty nearly bled. Shortly after this there was established a very excoriating, fetid discharge from

the ears and the vulva which terminated with a complete cure of all her ailments.

The Sulphur cough is *dry* and is caused by *rawness of the larynx* ; sometimes it is excited by tickling in the larynx, as if caused by "down." In the evening and night there is no expectoration but during morning and daytime he brings up a sort of darkish bloody expectoration. Sometimes it is yellow, greenish, purulent or milkwhite watery mucus. The taste is sourish, sometimes putrid, flat or saltish. The cough is accompanied by pain in chest as if it would fly to pieces. Sometimes there is a peculiar sensation of coldness in the chest as if from a lump of ice.

It will be unpardonable if we forget to mention the use of Sulphur on the digestive tract. It produces important symptoms which we can ill-afford to neglect. Our patient is a chronic dyspeptic. He complains of *faintness or great hunger and weak gone feeling at stomach at 11 A. M.* This is very characteristic. At any other time he feels quite well, but as 11 A. M. approaches, his hunger gets hold of him. It is something more than ordinary hunger, for he feels a sort of empty sensation in his abdomen, accompanied by fainting spells. He must eat something then and there. I remember of a case of neurasthenia in an elderly lady. She was bed-ridden for years. Her physician (an allopathic doctor) finding medicine ineffectual advised a change of climate at a time of her life when she could hardly move in her bed unaided. This is a trick very often played by our friends when they simply want to get rid of those patients they cannot cure. Amongst a very complex lot of symptoms I noticed that she suffered from this empty all-gone sensation at about 11 A. M. which, she told me, was the worst time for her and of the twenty-fours. She felt like fainting if she would not eat ; so she could not wait for the

return of her husband. This symptom was a great clue to me. The other symptoms she had were offensive odour of the whole body despite frequent washing, unhealthy skin, frequent hot flushes, burning of the hands and feet, redness of the orifices of the body and many other Sulphur symptoms. A few doses of Sulphur did her a world of good. It was only to be supplemented with a few doses of Zincum to make the cure a perfect one.

Now the other remedies having strongly similar sensation are :—

Hydrastis—The empty gone feeling is very characteristic and it has scored quite a few cures of gastric affections which otherwise would have turned into gastric ulcers or even carcinomatous degeneration of the stomach.

Ignatia has the weak empty gone feeling in hysterical patients and here eating does not relieve.

Phosphorus has this sensation just as marked as in Sulphur. The sensation extends throughout the whole abdomen and is aggravated at night, so much so that he must get up and eat something. This remedy is more useful in patients with phthisical tendencies. Very often this sensation comes on *during nausea*.

Petroleum has this marked after stools.

Sepia has this in connection with uterine troubles as shown by the accompanying sensation of bearing down and prolapsus. Strangely enough our patient notices it *when she thinks of her food and during headache*.

Amongst his desires and aversions we notice that *he drinks much but eats little*. This will help us to cure many cases of marasmus in children. Oftentimes *he is very fond of sweets* and he suffers from diseases that come from eating too much sweets. In this last respect he is very much like Argentum Nitricum, but he is not a puny, wrinkled, shrivelled up crotchety

of a child as our *Argentum* baby. It is a scrofulous, big-bellied, dirty-looking imp of a child with emaciated limbs.

Now back to our dyspeptic again. We must not forget him so soon. He very frequently suffers from incarcerated flatulence. His intestines feel as if strong in knots worse from bending forward. In this respect Sulphur ranks equally with *Carbo vegetabilis* where the flatulence collects more in the upper part of the abdomen and in the stomach causing gastralgia. The wind mainly passes upward. It is especially useful for disorders arising from fatty food, pastries which *Pulsatilla* fails to relieve.

Cinchona Officinalis—Here the entire abdomen is "packed full" and the wind passes both upward and downward. It is very often complicated with spleen and liver affections. The patient is in a weak debilitated condition from loss of vital fluid. Periodicity is very marked here.

Lycopodium—The flatulence is more marked in the lower bowels and is pressed downward towards the rectum. Urinary and liver complications are very common with this remedy. The 4 P. M. aggravation is not to be overlooked.

Sulphur has a strong desire for alcoholics especially for beer and brandy. The other remedies that come to our mind in this connexion are Sulphuric Acid, *Asarum Europæum*, Selenium, *Syphilinum*, and *Medorrhinum*.

Our dyspeptic frequently suffers from morning diarrhœa: It drives him out of bed in the early morning (5 A. M.) with a feeling as if his bowels were too weak to retain their contents.

We have morning diarrhœa also in *Bryonia* but here the urging is felt on the least moving.

Natrum Sulph has the diarrhœa when the patient gets up and moves about.

Phosphorus has (chronic) morning diarrhœa in lean

slender persons. There is oozing from the constantly open anus and sometimes forcible expulsion, stools pouring out as from a hydrant.

Podophyllum has diarrhœa in the morning but the distinguishing feature is that it keeps on till forenoon. It is accompanied by prolapsus ani, and pain in sacrum.

Rumex diarrhœa begins in the morning (before rising) and is associated with dry tickling cough characteristic of the remedy.

The Sulphur stools are *brown watery* ; fecal ; *green mucous* ; bloody mucous ; *undigested* ; *frothy* ; *sour* ; *changeable* ; *fetid* ; *corrosive*.

The odour of the stool like all the excretions of the Sulphur patient is quite characteristic. It follows him about as if he has soiled himself.

The suddenness and urging in Sulph. is characteristic and like Aloes, though to a less extent, it has that feeling of fullness and weight in the pelvis, the sense of insecurity in the rectum and the loss of power of the sphincter ani.

During stools Sulphur has prolapsus ani. This reminds us of Ignat, Podo and Thrombid. We will go at it more in detail later on.

The sufferings of our Sulphur dyspeptic does not end even with the stools. There is *tenesmus* after stool in dysentery and, as in Colchicum, the patient falls asleep as soon as the tenesmus ceases. The anus feels excoriated and swollen. There are also itching, burning, pressing, stitching and crawling felt for a long time after the stool is over.

This diarrhœa that we have just discussed alternates very frequently with constipation. The stools are hard, dry and black as if burnt. It is mostly met with in hemorrhoidal and hypochondriac people.

Sulphur is one of Dr. Guernsey's "big fours" in hemor-

rhoids. It is good for *painless piles*. It may be blind or bleeding flowing dark blood.

Sulphur is our great stand-by in scrofulosis. The glands all over the body are swollen. The patient sweats more in head, especially during sleep. His fontanelles remain open for a long time from defective osseous growth. He breaks out with boils, itches, and eruptions. He is very subject to caries, to rickets, curvature of the spine and hip-joint diseases. It is not because he has a poor appetite that he is so thin and unhealthy. Far from it. He suffers from voracious appetite. He is eating all the time but the trouble is he does not assimilate what he eats. Consequently he looks marasmatic. This is very much like our Iodium patient who is eating all the time and still emaciating. We find marasmus in various other remedies such as Abrot, Kreos, Sarsap, Nat. mur, Sanic, Tuber and so on, but there are points of difference, so there is really no danger of confusion.

Now I like to say a few words about the skin symptoms of Sulphur. It has a great tendency to throw every thing internal out on the surface. We have seen this when discussing the bearing of Sulphur on asthma. The skin is apt to be *rough, scaly, scabby and course*. There is very little perspiration ; if any it is very offensive or sour. Eruptions appear here and there which itch and burn voluptuously. Later on they turn into pustules. rhagodes, furuncles, ecchymoses, freckles, urticaria, lichen, corns, crops of boils, herpes, and eczema are plentiful.

Now we come to the consideration of sulphur in fevers. It is applicable in those cases where the fevers assume a slow type and runs on to the typhoid condition. The torpor with slowness in answering questions, the offensive exhalations of the body and the besotted look of this remedy remind us of Baptisia. In the latter remedy the case is more desperate.

The torpor giving place to stupor, the tongue covered with sordes and the blood actually decomposed from septic poisoning. The conditions calling for Sulphur arise more from a diathetic condition of our system than from real degeneration as in Baptisia. Dr. H. C. Allen expresses it in the following sentences :—

"Intense, persistent, long continued fever ; skin dry, hot, burning ; temperature 103-105, little or no remission day or night ; patient literally being consumed with fever." The sinking in the Sulphur fevers is due to lack of reactive power on the part of the system. The chills he gets are very peculiar in that it constantly creeps from the sacrum up the back without subsequent heat by heat of stove.

He sleeps in cat-naps with half-open eyes ; sometimes he talks loudly while asleep.

Now a few words on the sexual system. There is involuntary discharge of semen with burning in urethra. The seminal secretion is thin watery and inodorous. The penis is icy cold and sexual power gone. On attempting coition the orgasm takes place too soon. The testicles are relaxed and hanging down.

(*To be continued.*)

N. M. CHOUDHURI, M. D.

Notes.

Early Diagnosis in Cancer.—Cook in the *Lancet-Clinic*, makes a plea for an earlier diagnosis in this affection because he has so often been called upon to help desperate cases. The average physician does not come in contact with cancers in the early stages, but only when the individual begins to feel pain and to notice the little tumors that begin to appear. After the cancer has reached the stage of metastasis, the physician is called to diagnose it, and this is too late, for at this stage the failures from operation out-

number the recoveries. The diagnosis is not so difficult if the different means at the disposal of the physician are considered. Warty growths and neoplasms as they appear should be recognized as danger signs, even if they be apparently insignificant. It is claimed that one-half of all cancers arise from the stomach. This class of cancer occurs chiefly between the ages of forty and seventy and is more common in males than in females. Heredity seems of doubtful value in its etiology, but chronic ulcer of the stomach is a frequent forerunner. It must be remembered that there is no single pathognomonic sign of cancer of the stomach. Its diagnosis must depend largely upon early diagnosed evidences of functional disorder. As a rule emaciation soon follows its onset. When the gastric signs are noticeable and no tumor is present one must rely on the age and history, hematemesis, emaciation, gastrectasis, and the chemical signs of the contents of the stomach. Eight per cent. of the tumors of the female breast are or will eventually become malignant. No person has yet developed a sufficiently keen sense of touch to state positively from palpation that a tumor of the breast is not malignant, and in waiting to prove the diagnosis by retraction of the nipple, skin attachment and glandular involvement, the time passes when it is possible to cure 25 per cent. of cases, while if taken in time 85 per cent. of the malignant cases might be cured. All carcinomata are in the early stages, purely local, and unless in some entirely inaccessible place, are curable. There is every reason to hope that in some future time there will be discovered the specific cause of malignant growths, and a way of recognizing them earlier than at present by clinical methods. The writer believes that in the course of time experimental results will show the way to another method of cure than the surgical.

The Influence of Formaldehyde in the Indian Test.

—Clifford Mitchell in the *Medical Century*, has made some experiments to verify the fact that the formation of indigo blue in the urine is prevented by formaldehyde even in traces. A sample of urine was tested four times in succession for indican with a positive result. The fifth time a drop of formalin was added beforehand to

the 10 cc of urine used and the indican test then became negative. The tube was washed and the test tried again and the result was still negative. The same tube was then washed out once again with hot water and a test tube cleaner was used. The indican test was then applied and a positive result obtained. A more surprising result was obtained by testing a sample of urine for ammonia by the formalin method, and then throwing the mixture of urine, alkali and formalin into a sink where hot water was running from a faucet. The indican test was tried on the same urine and a blue color was obtained before shaking with chloroform but not after. The tube was then thoroughly washed out and the same test tried again immediately with a positive result both before and after shaking with chloroform. The tube was then allowed to stand empty for ten minutes and the indican test repeated with positive result before shaking with chloroform but negative after. The same tube was then thoroughly washed with hot water and the indican test immediately tried again, with positive result both before and after shaking with chloroform. Hence it seems that even vapor of formalin will interfere with the indican test and so formaldehyde should not be used as an agent for preserving urine, nor should negative indican results be accepted when made just a few minutes after ammonia determinations. The tube in which the test is negative should be washed out with hot water and the test tried over again. These tests were made in a warm and moist laboratory. In general it may be suggested that whenever the blue color is obtained before shaking with chloroform but not afterwards, there is some reducing agent present, either as vapor in the air or in traces in the test tube, and the test should be immediately repeated after thoroughly cleansing the tubes used. In the proving of remedies, those examining urine should be careful how they report "Indican negative."

—*The North American Journal of Homeopathy.*

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Collateral Sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute
medicine. — HAHNEMANN.

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[No. 8.

CIRRHOSIS OF THE LIVER IN CHILDREN.

J. N. MAJUMDAR, M. D.

An enlargement of the liver with fever is being observed in children in India now-a-days, that is commonly known as the infantile enlargement of the liver. I believe this sort of enlargement of the liver is peculiar to India and particularly to the large cities of Bengal. The disease generally runs an insidious course and oftentimes develops alarming symptoms before the patient's parents are able to realize the gravity of the situation. The liver which had become quite large, now shrinks and icterus gravis makes its appearance. The child presents a perfect picture of cholemia and dies. Sometimes the jaundice appears so suddenly that there seems to be no perceptible signs of mal-nutrition. The child appears quite fat and plump while the jaundice makes the experienced physician certain that death is near at hand.

Etiology.

Dietetic errors are the chief factors in the causation of this disease. Mother's milk is very often of a vitiated character.

The Indian mother in her semi-civilized condition generally lives in badly ventilated houses and seldom has any outdoor exercise or recreation. The purdah system does not allow her to go out of doors unless in a closed conveyance and that also helps but little as regards fresh air and exercise. Most frequently these mothers are highly dyspeptic and sometimes hysteric and the offspring of such a mother naturally suffers from perversion of nutrition from the very outset of its career. Moreover, cow's milk which generally acts as a substitute for mother's milk, where the mother's milk is deficient or lacking altogether, is of a very diluted and impure character, particularly in large cities like Calcutta. We have found that if milk is given to children who are suffering from fever, they generally stand it very badly and very often the liver is observed to be getting larger and larger. Hereditary syphilis and tuberculosis seem to me to be some of the other causes of the disease. Malaria also plays no less an important part. But above all acidity and defective digestion and assimilation in the nursing mother are the most important factors in the etiology of the disease.

Pathology.

In considering the pathology of the disease we do well to remember the general classification of cirrhosis of the liver, namely the vascular cirrhosis generally due to alcohol or resulting from heart trouble, Hanot's hypertrophic cirrhosis and pigmentary cirrhosis which is of malarial origin. Like Hanot's hypertrophic cirrhosis the pathology of this disease is not well understood. The liver becomes enlarged without changing its shape. Sometimes one lobe is observed to be larger than the other. The harder the liver becomes, the more serious is the disease. At times the lower edge of the liver becomes perceptible to the touch and is quite sharp and thin. Sometimes the spleen also becomes enlarged with it simul-

taneously. Bartlett has very justly observed that active hyperæmia of the liver follows the ingestion of food, particularly when we indulge in excessive quantity of food and drink, and it also constitutes one of the phenomena of acute febrile disorders. Repeated attacks of fever with consequent hyperæmia and engorgement result in a passive congestion of the liver with its concomittant symptoms.

Symptoms.

The young baby gets slight attacks of fever which the inexperienced mother very frequently overlooks. Repeated attacks of fever bring on enlargement of the liver, which is not noticed till it becomes quite large or some other alarming symptoms develop. The intermittent fever becomes remittent in character. The bowels are disordered. Either there is very great constipation, the child going without a stool for days or there may be diarrhœa. Sometimes the spleen becomes enlarged with it. Later ascites and general anasarca develop. Symptoms of jaundice are observed. Biliuria is noticed at the end of the disease and is generally a fatal symptom. At this time all the functions of digestion, assimilation and defecation become thoroughly perverted. A perfect picture of icterus gravis develops and the poor patient dies.

Treatment.

The infant mortality from this disease has become so great that it is causing the gravest anxiety among our people at the present day. Happily those children that receive homeopathic treatment from the very beginning seldom develop an enlargement of the liver.

Greatest care should be taken as regards the diet of the child. Mother's milk, of course, is always the best thing but wherever we find derangement of the digestive functions in the child, it is always very important that we should examine the mother's milk carefully and should it be found defective

it should be at once discontinued and some other food introduced instead. Now-a-days the market is overflowed with all sorts of artificial foods and it is at times most difficult to choose them. If there is no fever, cow's milk sweetened with a little sugar may be tried. I have used goat's milk and donkey's milk with great success in some cases where cow's milk did not agree. Horlick's malted milk has given most satisfactory results in many cases and so has Borden's. If there is constipation, Mellin's food seems to act very well. Allenbury's, Benger's and some of the other foods are also beneficial. But like the remedy the diet also has to be fixed for each individual child. In India where rice is the staple food, I found it a wise practice to accustom the child to take rice as soon as it cut a few teeth. This advice is particularly applicable to children suffering from enlargement of the liver.

As regards remedial agents we have a vast mine of drugs of almost untold value. The mother who has lost five or six babies from this dread disease, when she finds the seventh one restored to health, realizes the importance of homeopathic medication. And such examples are not rare.

It will not be possible to deal with the therapeutics of this disease in detail in a short paper like this. However I must mention a few of the most important remedies that have been most beneficial in my hands.

Nux vomica is perhaps one of the most useful medicines in this disease. The morning rise of temperature and constipation with ineffectual efforts at stool are two great characteristics of the drug. It is all the more indicated if the case happens to come from allopathic hands. The liver may be very much enlarged and the child is often of an irritable temperament.

The remedy that has done more good than any other in

our hands is *Calcareo arsenicosa*. We have used this remedy extensively and with admirable results. Here we have generally an afternoon exacerbation of the fever and the bowels are relaxed. The fever may be very high and it may be irregular. The liver is enlarged. Sometimes there is slight jaundice and the urine is usually scanty and frequent and reveals the presence of albumen on examination. The two remedies *Calcareo* and *Arsenic* in their combination seem to act wonders in this disease. For details as regards the symptomatology I will refer the reader to Hering's Guiding Symptoms.

In cases where jaundice becomes more pronounced, I have sometimes derived very good results from *Merc. vivus*. I have been able to cure two or three almost incurable cases with the repeated doses of this drug in the 30th potency.

Crotalus Horidus and *Lachesis* are recommended in cases of icterus gravis but I doubt whether we can really cure cases of marked malignant jaundice. Sulphur, Fluoric Acid and *Arsenic* also may be thought of in the later stages, but I think they are more palliative than curative.

Cardus Marianus is useful if there is very great pain in the liver with the jaundice. *Hydrastis* helps those that have very violent constipation.

Podophyllum has been recommended for icterus gravis. I have found it useful if there is diarrhoea. *Lycopod.* will be found beneficial if there is marked flatulence *Cornus circinnatus* may also be thought of in this condition.

Myrica cerifera, *Ptelia trifoliata*, *Phosphorus* and *Taraxacum* are some of the other remedies that may be of use.

HOW NOT TO DO IT.

(Continued from page 214, No. 7, Vol. XXI.)

And when you have worked it out, and actually got your drug, there are still several ways of HOW NOT TO DO IT. One of the most catastrophous and heart-breaking is *to repeat while amelioration holds*. Two cases have bitten into my memory, though hardly understood at first—and yet I go on doing the same thing again and again, for it is the hardest lesson in the world to learn, to hold your hand and do nothing. One catches at the excuse of any little recurrence of symptoms to repeat, and often spoils the case—*pro tem*, anyway. A glaring instance which in those early days I did not even understand was a chronic typical *Aloes*-diarrhoea. (I have hunted in vain for the notes, so speak from vivid memory only.) He got *Aloes c. m.* (either one dose, or two at a week's interval). He came back so much better, practically cured, that I hugged myself, and hugged Homeopathy as a very wonderful thing. I had got *his* remedy right enough, and *I would keep him on it for a bit, lest he should relapse !* Of course he came back less well. Then I gave it more often (it *was* the right remedy, for the first dose had been magic !) ; so I piled it on, and—Homeopathy was a less wonderful thing (*my* Homeopathy, that is, which ought to have been written in inverted commas)—and presently he came no more. That case has rankled ever since. I came to the conclusion, at that time, that the first prescription was a comparatively easy matter ; but what to do with patients *when they came back better* was beyond me ! The very obvious “DO NOTHING” was also beyond me for ages. That is where the Philosophy comes in. That is where, in Homeopathy, we perish for lack of knowledge. That is where the young men, who have been trained, score. They will never know so much about “*How not to do it*” ; but they have been taught WHEN not to do it ! For there is one rule, and one only, that meets the case—SO LONG AS AMELIORATION HOLDS, LET IT BE ; AND ONLY REPEAT, OR RECONSIDER THE CASE, WHEN YOU ARE SURE THAT IT IS QUITE AT AN

END. Why, Wright has proved that recently, *under the microscope*, for tuberculinum, though Hahnemann laid down the law more than a hundred years ago; and we who call ourselves his followers sneer at "the eternal Hahnemann," and do not even take the trouble to master his teachings. NEVER REPEAT WHILE AMELIORATION HOLDS. It will be from minutes to hours (Hahnemann says so) in acute cases, and from days to weeks or months, according to drug and case, in chronic diseases. But unless you want to see your work always going back on you, unless you want to be one of those who have "tried Homeopathy and failed," let your ameliorations severely alone, and keep your enthusiasm for Scientific Medicine.

The other sharp lesson was a case of heart failure in a woman of 29—mitral incompetence, &c.—that I got permission to treat after admission to the L.H.H. Here I have the House Physician's notes and measurements. She worked out Arsenicum, and I gave a dose of *Ars. c.m.* two days running (as she had been given a dose of *Spig.* low in the intervening night, and it might have interrupted). The effect was magical. Three days later (only four days after admission) the heart had contracted, and was now *only one inch, instead of two*, to right of the sternal margin. The liver had also contracted, and now, in the nipple line, *measured 5¼ ins. instead of 8¾ ins.*; 100 heart beats out of 144 now reached the wrist, *instead of 62 out of 160*. She was sleeping quietly at night, instead of the suffocating spells when she dosed, and the frequent vomitings all night that had been a feature of the case. She felt very much better. Everyone was amazed at the improvement, and in my joy and desire to hasten matters yet more I gave her, a week later, another dose of *Ars. c.m.* And that ended the case—in all senses! She grew worse. *Lyc.* was given, and failed to relieve. All her fearful restlessness returned; she could stay nowhere. She demanded to go home, where she died very soon after. You who know, realise that it was risky ever to give a c.m. to such a case, but that it was madness to repeat it while the patient was doing so well. You see that it is not enough to spot your drug, it is not enough to make

a successful prescription even ; you need all the Philosophy if you are to carry your work through every time, if you are to get nearly all there is to be got out of Homeopathy. I was like an electrician who, having got proper wires and a lamp of just sufficient resistance to glow its brightest, wantonly doubles the current, fuses the filament, and earns darkness. The greater the power, the more carefully must it be handled to avoid disaster.

Another way NOT TO DO IT, a case that emphasised *the fearful risk of giving a high potency of the indicated remedy to advanced disease*, was a case of malignant tumor of breast. The woman had been doing well on unit doses of *Scrof. Nod.*, had lost {pain and swelling of arm, and all inconveniences of her disease—though it was steadily progressing. She was a healthy-looking, robust old woman of masculine appearance. I worked her out and gave *Lach.* 200, and then a dose of *Lach c.m.* This was promptly followed by alarming collapse, hæmorrhage, rapid greenish fungations and intolerable odour (all relieved, by the way, by a dose of *Ornithogalum* a few weeks before she died). This *Lach. c.m.* aggravation pleased me rather than otherwise—showed that I had hit the drug. A second dose, later, was followed in half an hour by collapse, and again a horrible aggravation of all symptoms. But I still fondly hoped that the reaction might carry her a long way towards clearing up the case. It never came. And I have learnt my lesson now. *In advanced disease, malignant or tuberculous, with much tissue change or lowered vitality, Philosophy teaches that THE most terrible thing that you can give your patient is the indicated remedy in high potency.* Give her anything but that ! Some of you are fidgeting with impatience, not believing this, or vowing that if you did believe it you would “quit” Homeopathy. But others in the discussion by and by will more than confirm it from their own experience. And you will find that it is the men who know their work, and can handle their Power, and get results, who are not only the most keen and enthusiastic, but who develop at times a positive terror of their drugs—in the potencies ; for they know how potent they may be for *evil* as well as for good. That when the disease mass is large,

or the reaction poor, THE most harmful drug you can give to a patient is the Simillimum, unless very cautiously and low.

Another brilliant way *not to do it*—you see that I have tried them all !—is to have your cases in common, and to work with some one who knows little, and cares less, for the Philosophy of prescribing. It is late ; there is a heap of patients to be got away in a short time. He sees a case on which you have expended much labour and thought ; hears a tale of woe—a medicinal aggravation perhaps (your poor prescriber does not believe in aggravations, for in the nature of things he gets few, and never spots one when he does get it !)—or old symptoms returned—or a diarrhoea or rash or excessive sweating that may be critical and mean a sharp leap towards the cure of some serious condition *if left alone* ; or even *symptoms worse and patient better* (if he inquired) which should call a halt. But at the first word down goes a new drug, and the case is off at a tangent—perhaps beyond recovery. This is *how not to do it* with a vengeance ! For this is to throw your very life, your energy and your success to the moles and bats—and without compensation. You and your patient have both suffered for the victory that has been snatched from you—and suffered in vain ! We all have plenty of chances, unless we walk warily, of spoiling one another's work !

But enough of HOW NOT TO DO IT ! There has been plenty of that in the past ; but the past is beyond our reach. Old things are passing away—rapidly !—our concern is with the Present ; *and the Future, living or dying, is OURS !* Let us only diligently train the younger men, and the great Cause is safe enough in their hands. Those who can wield Power can be trusted never to betray it.

And to you who have learnt your Homeopathy under a Master ; who know its Philosophy by heart ; who have been trained to work out your cases, to respect and fear your potentised drugs and to use them only safely ; who have learnt to recognise and understand and deal with results—to you I would say Be patient, be gentle and courteous, be tolerant and forbearing. You have no idea how

those who have not had your advantages *have* struggled and *do* struggle, in a heart-sickening way, and without your results to buoy them up and reward their labours. They can look back, many of them, to the time when their enthusiasm was as great as yours ; when they knew their drugs, from diligent study, as well as you do, and with far more labour than you have bestowed, who have had them presented to you in an attractive way—who have been *taught*.

And, above all, be good stewards of the gift that was given to you, and be ready to impart. Each one of us, working by himself and for himself, has only a limited lifework, a limited fund of hours and energy, and then comes the "whisper out of the darkness" that says "*The end is forbidden* ;" that says, "*Thy use is fulfilled*"—and then silence. But think how enormously we can multiply our lifework, our influence, the sphere of our energy and usefulness, by helping and inspiring others. What an enormous mass of work may at the last be laid to our account. Think of the work that Dr. Kent is doing in the world to-day, through his scholars, through the men he has kindled, and inspired, and taught, and the men that they, in their turn, have taught and are teaching. Believe it, there is no greatness in the world *but through service*. HE THAT WOULD BE GREAT AMONG YOU, LET HIM SERVE. Teach, help, strengthen, hearten, inspire ! Freely ye have received, freely give, and of the best that is in you.

SULPHUR.

(*Continued from page 222, No. 7, Vol. XXI.*)

On the female sexual system the influence of Sulphur is quite marked. There is a great congestion to these parts and consequently she complains of a sense of fullness with bearing down in pelvis towards genitals. *This pressing down is felt more acutely when she stands up* and as a consequence that posture she is very reluctant to assume. Over and above this

she suffers from Leucorrhœa. It is yellow and corroding. The mense too is dark, thick and acrid.

I was once called to attend to a grown up lady suffering from metrorrhagia. She was about 50 years old. The hemorrhage was very profuse, so much so, that each night one whole piece of cloth would get thoroughly soaked in blood. She was long under Allopathic treatment and cancer of the womb was given as the diagnosis. Her condition was really precarious. Emaciation was profound. The re-active power of the system was at a very low ebb, for no medicine, however carefully selected, would retain its ground long. The sense of burning in the palms of the hands and the soles of the feet was quite oppressive. She would keep the doors and the windows open, because otherwise she would feel suffocated. These were some of her symptoms. I prescribed Eregeron, Hamamelis, Phosphorus, China, Sabina, Trill, Ustilago and a few more of our hemorrhagic remedies but all to no effect. The patient was gradually sinking till at last I struck on the happy idea of following dear Hahnemann's foot-steps and prescribing on the totality of symptoms instead of going by the routine, a mistake so often committed by novices at Homeopathy's expense. A few doses of Sulphur were prescribed and the effect was marvellous. A cyst protruded from the vagina and burst. That was the end of her trouble and she is well till the present time. Evidently she was suffering from a cystic growth.

A few words about *epilepsy* and we finish with Sulphur. It is a remedy that will prove useful in those cases where there is some scrofulous taint; there will usually be some strong religious feelings present and the patient is puffed up with a sense of his own importance. The aura seems to proceed from the extremities up the back as a creeping

sensation or up the leg to the right side of the abdomen. The patient is apt to fall on the left side.

The treatment of epilepsy is a hard problem and we may incidentally mention here that especial attention should be devoted to the causative factor. If the attacks are caused by the pressure of cicatrices upon adjoining nerves, it should be removed with a knife. Sometimes it is the effect of menstrual derangements, helmentheasis, excessive nocturnal emissions and so on. These things have got to be attended to before the resultant epilepsy could be cured.

It will be a great omission not to mention a few practical hints before we close. We must in the first place be very careful about the selection of Sulphur for our patients. It is a double-edged sword, for even when selected properly we may do almost irreparable harm by an injudicious repetition or by an administration of an unsuitable potency.

Farrington says "I would caution you as to how you use this drug. If carelessly or wrongly given it may precipitate the disease which it was desired to cure. You must not repeat your doses too frequently ; and you must never give it unless you are certain it is the remedy, for the tendency of Sulphur is to arouse whatever lies dormant in the system."

Brigham's admonition, too, is worth noticing. He says "In consumption everything depends upon the potency ; the lower potencies are pernicious. I once provoked fatal activity of the secreting vessels in a pulmonary consumption with a third potency, so that my patient was absolutely drowned."

SARSAPARILLA.

[*Hydrargyrosis, Chronic gout, Crusta lactea, Herpes nasalis, Gravel, Renal colic, Marasmus, Headache, Syphilis, Rash, Cystitis, Gonorrhœa, Neuralgia, Dysurea, Sexual debility, Spermatorrhœa, Ulcers, Vertigo, Leucorrhœa, Dysmenorrhœa, Bright's disease, Constipation, Dyspepsia, Eczema, Emphysema, Epistaxis, Asthma, &c. &c.*]

The remedy Sarsaparilla is prepared from the long fibrous roots of several species of the genus *Smilax* indigenous to central America. These plants grow in swampy forests seldom visited by civilised travellers, so they are only imperfectly known to botanists. Since its introduction it has been regarded as a valuable diaphoretic by the Allopaths in chronic rheumatism, syphilis and various skin diseases. The dried root of the Honduras variety is coarsely powdered and mixed with five parts by weight of alcohol and kept for a period of eight days in a well stoppered bottle. The tincture is then poured off, and filtered.

Sarsaparilla is our great stand-by in renal and vesicular affections. It will help us to tide over many troubled waters. There are retention as also suppression of urine in Sarsaparilla. Great tenderness and distention are felt over the region of the bladder. It is attended by pain and cramps in the bladder with urging and burning. There is severe strangury with discharge of white, acrid, turbid matter. The urine is either too frequent, copious and pale or scanty, slimy, and flaky. *At the conclusion of urination, severe, almost unbearable pain is felt.* There may be slight distress before and during micturition, but after micturition it is especially marked. The patient cries in great agony. We find a similar symptom under *Berberis Equisetum, Cantharis, Lith, and Thuja.*

In *Canth. Clem. and Merc.* the pain is felt more in the beginning.

In *Prunes Spinosa* there is urgent desire to urinate, which, if not attended to immediately, causes severe sharp crampy pain in the bladder. This pain is relieved as soon as the flow of urine is established.

This symptom of excruciating pain at the conclusion of urination is worth its weight in gold. It has been verified hundreds of times. Dr. Case reports of a case of dysuria (I. H. A. page 118 of 1900) that he cured with a few doses of this remedy, the main symptom to guide him being this peculiarity of the urinary symptoms. Another symptom that went along with this was a "shudder that used to go over her whole person with the last drop of urine, so that she had to hold on to something tightly at the time."

Another peculiarity that we must not over-look is that the *urinary complaints are at abeyance during the monthly period.* The bladder does not trouble her when she flows but as soon as the flow ceases the trouble returns and lasts till the next monthly period.

There is one peculiarity about the urinary symptom of *Sarsaparilla* that we must on no account forget. It is this. *When he sits, the urine dribbles from him, but when he stands up it passes freely.* In *Causticum, Conium* and *Hypericum* it passes better standing. It will be worth our while to study in this connection the peculiarities of a few of our remedies regarding their urinary sphere.

Periera Brava.—Here the patient is in a precarious fix. Whenever he wants to urinate, he has got to be on his knees with his head pressing against the floor.

In *Zincum met.* the patient can pass water only when sitting or leaning back.

There is also, in this remedy, the reverse condition of

weakness of the bladder and a consequent difficulty in retaining urine. When sitting the patient must swing her feet constantly or else the urine will escape.

In Chimaphila we meet with a peculiar condition. The patient, a sufferer from a chronic catarrh of the bladder, is unable to pass the urine without standing with the feet wide apart and the body inclined forward.

Some people suffer from difficulty of urination which no position relieves. They have got to press and press hard till urination starts. We think of Alum, Caust., Hep, Mag. m., Mur. ac., Opium and a few other remedies. *In Mur. ac. he has got to press so hard to start the flow that his anus protrudes from the pressure.*

Sarsaparilla is one of our best remedies in uric acid irritations, especially in children. Uric acid crystals are noticed very often in urine or on the child's diaper. *The child screams before urinating.* We notice this also in Lycop, and Bor. As regards gravel and calculi we ought to think of remedies like Benz. ac, Berb, Calc, Canth, Lith, Lycop, and Pereira, for they are all noted for their curative influence in this sphere. There is really no danger of a confusion between these remedies.

In Benz. ac. the urine is terribly offensive. The smell is like that of a horse's urine. It is very *high-colored* and it contains an excess of hippuric acid. The specific gravity is very high.

Berberis Vulg—It affects principally the *left side*. *The pain is felt mostly in the loins and hips.* All the symptoms are worse from slight fatigue.

Calc. ost—The urine of our fat, flabby patient soon turns turbid and deposits a white fatty, flaky sediment on the surface. The trouble is very frequently brought on by the wetting of the feet, as for example by standing on the wet cold pavement.

Canth.—The painful retention of urination, the *intolerable tenesmus*, the *burning pain worse before and after urination* are symptoms too prominent to escape the physician's attention.

Lithium carb.—The urine is turbid with lots of mucous sediment. It is surcharged with uric acid and pus. When these urinary symptoms are associated with *chronic rheumatism and vulvular affection of the heart*, the indications for the use of this remedy are very positive.

Lycop—Very severe pain in the back before urinating. There is also deposit of *red sandy sediments*. Greasy particles sometimes float on the surface. The acidity, the heart-burn, the time of aggravation and the flatulence will make the prescription a certainty.

The effect of Sarsaparilla on the skin is very important. It cures rhagades. Ulcers, *the effect of abuse of mercury* and of syphilis come within its jurisdiction. Sometimes the ulcers are herpetic. They extend in a circular form.

It will not do to neglect the mental attitude of this patient. Gloominess, despondency and *depression* are the key-note of his mental sphere. Funny to say that this *depression accompanies any pain that may trouble him*. It matters not where the pain is located, but if it causes depression, the indications for this remedy will be positive. I know of no other remedy in our materia medica that can claim this symptom.

Dr. Taylor reports of a case of backache that he cured with Sarsaparilla. It was a case that baffled quite a few other physicians. I have said again and again that it needs keen insight, strong power of observation, and the ability to grasp at the importance of symptoms to make a sound Homeopath. A simple memorizing of the materia medica will go very little to bring us success. I will do very well to quote

Dr. Taylor's words :—"When, in a curable case, we fail, the fault is with us and not with the remedy, and it was so in this case. *The patient would frequently say that he would not mind the pain so much if it did not depress him so.* It was this pronounced *depression* accompanying the pain that so greatly distressed him. Here then was the characteristic feature of the case. He received Sarsaparilla 10m. and made a perfect recovery."

Chronic, obstinate constipation sometimes calls for Sarsaparilla. An attempt to pass stool is accompanied by an intense desire to urinate. He goes to the closet, sits there for a long time, and strains hard till he breaks out into a profuse perspiration and faints. Now this *fainting during stool* is peculiar and hence it is an important symptom. Not many remedies in our materia medica have this. *Aloes, Crotalus and Sulph. are the only ones that can claim this symptom.* *There is fainting in Arsen. and Digit., but in them it is before the stool.* *We have fainting after the stools in Aloes, Coccul., Crot. tig, Phos. and Tereb.*

We have to use Sarsaparilla very often in sexual ills and ailments. His constitution is debilitated by intemperance and undermined by the abuse of mercury. He combines in him all the punishments of vice. He is bent double with gonorrhœal rheumatism. He has syphilis, he has difficulty in urinating, and his sexual life is on the wane. He complains of frequent nocturnal emissions. The least excitement causes emission without sexual feeling. Sometimes they come on even during daytime. These emissions are very prostrating and they depress him very greatly.

We need Sarsaparilla in dyspepsia when the patient combines in him the trouble of the urinary sphere and symptoms of indigestion. Like Lycop. he feels full and satiated after partaking of a small meal. Of all food *bread* seems to

disagree with him most. We notice this aggravation from bread also in Bry. and Puls., but the totality of symptoms will help us to decide.

We have marasmus in children from want of proper assimilation. The emaciation is more marked in the neck.

A few words more about the asthma of this remedy and we will be done with it. It is an *asthma from emphysema*. He feels a sort of rigor spreading over his body from below upward. There are also nausea, vomiting and headache. Constant urging with only scanty emission of urine is another distressing feature of this asthma.

SECALE CORNUTUM.

[*Threatened abortion, After pains, Menorrhagia, Metrorrhagia, Miscarriage, Retained placenta, Post-partum hemorrhage, Epistaxis, Hæmatemesis, Melæna, Hemorrhage from the anus, Hemorrhoidal affections, Metritis puerperalis, Hematometra, Hydrometra, Fibroma, Cholera, Diarrhæa, Cramps, Convulsions, Ulcers, Gangrene, Gastritis, Hiccough, Boils, Collapse, Suppression of milk, Ovarian tumor, Paralysis, Numbness, Palpitation of the heart, &c. &c.*]

In damp rainy season rye and grasses that grow on damp ill-drained soils, become infected with a fungus known as *Claviceps purpurea*. The rye thus infected loses all its starch and becomes penetrated with the white spongy tissue of the mycelium of the fungus. It is not from the rye but from this fungus that grows at the expense of the rye that our medicine is prepared. It seems to have been known to the medical profession from a very remote period, but Dr. Stearns of Saratoga county was the first to bring this drug into importance about the year 1807. Many of the symptoms of this drug has been derived from its poisonous effects. We had terrible epidemics of "Ergotism" devastating different parts of Europe at different times. They were caused by the people using the

flour prepared from Rye infected with ergot. They died in great numbers and *death resulted from gangrene, convulsions and exhausting hemorrhages and discharges*; when it takes on the gangrenous turn, the first symptoms to appear are a heavy aching pain in the limbs, an intense feeling of coldness and a general weariness and langor. Then a dark spot appears on one of the extremities. The toes are the parts that are generally affected. On that dark livid spot mortification sets in. It may be either dry or moist but mostly dry. It is of the same nature as the sexile gangrene or what is induced by a frost-bite.

In the other variety, I mean the convulsive, rigidity alternates with relaxation. The hands are either clenched or *the fingers are kept widely apart*.

Secale has a especial affinity for the *involuntary muscles*. Its specific influence over the unstriped muscular fibres consists in exciting in them a persistent and a long lasting *contraction*. These muscular fibres are plentiful in the blood vessels and the uterus and hence the secret of its power there. It is employed by our allopathic brethren "to arrest hæmorrhage, to occlude aneurism and varices, to starve fibrous tumors and to diminish congestion of the brain and cord." It is very greatly used in obstetrical practice to hasten the expulsion of the foetus or the placenta and to stop post-partum hemorrhage, but our use of the drug is always guided by that one eternal and immutable law "*Similia Similibus Curantur*."

(*To be continued.*)

N. M. CHOUDHURI, M. D.

REPERTORISING.

By DR. MARGARET TYLER (who supplies the manner) and DR. JOHN WEIR (who supplies the matter), and with very ample apologies to Dr. R. Gibson Miller, Dr. J. T. Kent, Dr. Samuel Hahnemann.

Every Art and every Science has its own jargon, and the art of Repertorising is no exception. Let us get straight as to terms.

Success in Repertorising depends on ability to deal with symptoms ; and this has to be taught : it is not innate. People all the world over are wasting their lives, working out cases at enormous expenditure of time and with minutest care, for comparatively poor results ; and all for want of a little initial help.

The key to the enigma, which they lack, is the GRADING OF SYMPTOMS...the grading of symptoms in such wise as to economize labor without compromising results ; and, in the cases where all the more-or-less-indicated remedies lack some symptom or other of the totality, to know—

Which symptoms are of vital importance to the correct prescription ; and

Which are of less importance, and may therefore probably be neglected ; and also

Which may safely be used as *eliminating symptoms*, to throw out remedies by the dozen from the very start ; and

Which cannot safely be used to throw out any remedies at all, on pain of perhaps losing the very drug one is in search of—the curative similimum.

To begin with, symptoms are of two orders :—

(a) those *general to the patient as a whole* (Kent's GENERALS) ;

(b) those *particular*, not to the patient as a whole, but *to some part of him* (Kent's PARTICULARS).

The Grading of Symptoms.

Among the Generals, the symptoms of the first grade are, *if well marked*, the MENTAL SYMPTOMS. These take the highest rank : a strongly-marked mental symptom will always rule out any number

of poorly-marked symptoms of lesser grade. (For these latter may never have appeared in the drug-pathogenesis—perhaps for lack of a sufficiently drastic proving ; and yet, time and again, the drug will clear them up.) The mental symptoms, *always provided that they are very definite and well-marked*, are the most important symptoms of the case.

For the mental symptoms particularly, it is well to go constantly through the Repertory (Mind-section),

To master all that it presents ;

To make cross-references ;

To be sure that you get the correct rubric ;

Often to combine two rubrics that practically amount to the same thing, and yet do not give quite the same list of drugs. As, for instance, *aversion to company* and *better alone* may not be quite the same thing ; and yet it is often difficult to sort them. Again, *worse in the dark*, and *fear of darkness* are difficult to fix correctly in many cases, while the elements *fear of robbers*, *fear of ghosts—of apparitions*, etc., may come in : so here you have at least four rubrics which you may have to combine on pain of missing something.

Many of the rubrics must be considered in company, and all with intelligence and some elasticity, or there is great danger of eliminating the very drug you are in search of.

The better you know your Repertory, the more rapid your work will be, and the better your results. Never grudge turning its pages !

Second in grade, after the mental symptoms, and his reactions to mental environment, come, *if well marked*, such general symptoms of the patient as his reactions, *as a whole*, to bodily environment :—to *times and seasons*, to *heat and cold*, to *damp and dry*, to *storm and tempest*, to *position*, *pressure*, *motion*, *jar*, *touch*, etc. But they have to be in capitals or in italics in the patient as well as in the Repertory, to take this rank ; or to be safely used, *some* of them, as eliminating symptoms. (“Some of them,” because there are perhaps only half-a-dozen symptoms which it is at all safe to use in this way ; and then only, of course, if strongly marked.”)

Here again, be sure that you have your very rubric ; and if necessary combine two rubrics that work out practically as synonyms, yet do not present quite the same list of drugs. A doctor was driven to despair

over a case of melancholia by using *better in open air* instead of *desire for open air*. The symptom was so intensely marked that it was used without hesitation as an eliminating symptom, ruling out *Sulphur* (which has *desire for open air* in capitals but hardly appears in the rubric *better in air*,) which had every other marked symptom of the case in capitals, and promptly cured. You have to know your Repertory from cover to cover, if you are to have the best results : and you have to use it with brains and imagination.

The third grade General symptoms are the CRAVINGS AND AVERSIONS. But to be elevated to such rank, they must not be mere likes and dislikes, but *longings* and *loathings* : in big types in the Repertory and in the patient—in corresponding types at least !

(*In corresponding types everywhere and all through ;* and this is most important. 'As, for instance, if your patient is only a little restless, *Ars.* and *Rhus.*, superlatively restless remedies, will, of course, be rather contra-indicated. Large types in the Repertory will never help you, unless the symptoms are large-type in the patient also. In first taking the case, it is well to vary the type as you set down the symptoms ; to put those poorly-marked in brackets, and to underline the intensely-marked symptoms : for that will help you to match them correctly.)

Then next in importance comes, in women, the MENSTRUAL STATE, *i. e.*, general aggravation of symptoms *before, during* and *after* the menses. Of lower rank comes the question of menses *early, late*, and *excessive*—and this last of course only where there is nothing such as polypus, fibroid or menopause, to account for it.

And now, at last, you come to the PARTICULARS—the symptoms that bulk so largely for the patient, and for which he is, as a matter of fact, actually consulting you.

You will have taken them down *first*, with the utmost care and detail, listening to his story, and interrupting as little as possible ; but you will consider them *last* : for these symptoms are really of minor importance from your point of view (certainly in chronic cases) *because they are not general to the patient as a living whole but only particulars to some part of him.*

In a great railway system, for instance, a strike that raises the price of fuel for a few weeks, an accident on the line that means compensation to the injured, and replacement of rolling stock, and repair of a few

yards of permanent way, are less vital to the Company than the brain quality of its General Manager, or the force, competence and activity of the Chairman and Board of Directors.

Make the executive of the Company efficient, and it will deal in the best way with details. In like manner, put your patient, as a whole, in order, and he will straighten out the disorder of his parts. You have to get at *him*; and you can get at him only through his general and mental symptoms. Start for the Particulars, and see where they land you! In the body politic, where the executive is not sound, you deal with lax discipline here, with speculation there, with incompetence, and disorder, and slackness, and inefficiency. There is rottenness at the core; and you will find that as fast as you clear up one mess, the system breaks down at a new part.

Go for the Management; put that right, and *let it act*. So with your work—start treating an eczema, *per se*, and “cure” it, to find yourself confronted with—say asthma: prescribe for that, and the wretched patient comes back presently with a brand-new disease—Rheumatism: tinker with that—and the heart gives out.

Go for the executive—for the patient himself;—*the patient who was all along capable of eczema—asthma—rheumatism*: go for the patient as a live entity, revealed by his general and mental symptoms in chief; deal with him according to the Law of Similars, and he will do the rest. Always provided that the thing has not gone too far, that the tissue changes are not too gross, he will even *undo* the rest, to the reproduction of the initial lesion on the skin. The whole is greater than its part. Never juggle with “Particulars” at the expense of the life of the whole.

But, in their right position of secondary importance, you must go into the particulars all the same, and with great care (if only to confirm your choice of the drug); and it will amaze you to find how they fall into line, when the choice is correct.

More than that, when the drug has been chosen on general grounds, the patient will return and tell you, not only “I am better,” and that the trouble for which he consulted you is better: but he will volunteer, “My knees are better too, all the swelling has gone;” and referring to your notes you discover that you had never heard of his knees before! He will go on and tell you that his back—of which you hear now for the first time—is much less painful, and the constipation—which he had not previously mentioned—is a thing of the past. (This was a *Nitric acid* case!)

Among the PARTICULARS, your first-grade symptoms will always be anything *peculiar*, or *unusual*, or *unexpected*, or *unaccountable*. You now want to know not only how your patient, as a whole, reacts to environment, but how his head, his stomach, his lungs, his muscles and joints, stand heat and cold ; damp weather and dry ; react to stuffy atmosphere or draughts ; desire or resent movement and jar.

You will find one headache being banged against the wall ; while another has to be nursed with such extreme care that the sufferer dares not move a finger, and would swear, if the movement of his lips were not agony, when you clumsily lurch against his bed. Another headache will demand a bolt-upright position ; while for a fourth the only thing is to kneel up, while it is pressed low into the pillow, or against the floor.

Now, to get the terms clearly . . . A GENERAL SYMPTOM, OR A GENERAL, IS ONE THAT REFERS TO THE PATIENT HIMSELF, AS A WHOLE, AND OF WHICH HE CAN SAY "I," INSTEAD OF "MY."

"I feel the cold frightfully." "I dare not move hand or foot in a thunderstorm ; and I simply couldn't be alone." "This heat is knocking me all to pieces—I just can't stand it !"—these are Generals.

In these the patient expresses himself. Remember, he is the sum of many lives, building up many tissues and organs of diverse function. Through the Generals the Dweller-in-the House speaks—through the Mentals and Generals :—the Life which is the sum of all the lives, and something beyond that :—the Life "in which they live and move and have their being," with whom, whatever their individual life and vigor, they perish.

Truly the whole is greater than its part. Surely it is scientific to deal with the whole first, as a Whole.

But where your patient says "My" instead of "I," there you have a Particular.

"My headache is awful in the house : the only thing for it is to go out and walk about. It often drives me out of bed at 2 or 3 A.M., to walk the Common for hours." (These are not exaggerated statements : we are giving you, all through, actual words of actual patients ; and the magic drug for the last was *Puls.*)

But the Generals and the Particulars may not only be quite

different, but they may be flatly contradictory in the same patient : so you see how imperative it is to get them clearly, *and to know what value to give to each*. Arsenicum is WORSE FROM COLD : Ars. stands in the list of "predominantly cold remedies" in capitals. And yet the *headache* of Arsenicum is *better from cold*. Ars. has been described as comfortable only when "*rolled in blankets up to his chin, with his head out of the window*."

Lycopodium is a WARM remedy in the main, and often CANNOT STAND HEAT : yet his stomach symptoms, which are a great feature of the drug, are *ameliorated by hot food and drinks*. Of these the patient says not "I," but "My," therefore they are particulars. He may say, "I cannot stand heat" (a General of the highest importance, and one of the most safe and useful of eliminating symptoms— *if strongly marked* !)—"I cannot stand heat, but my indigestion" (a particular of the greatest importance to the patient, and on which he lays the greatest stress) "*is better for hot food and drinks*. Cold things always disagree with me" (meaning his stomach). Again—

Phosphorus stands in capitals as a VERY COLD PERSON.

If you are to be a good prescriber, by the way, your drugs have to be people for you, with whims, fancies and terrors ; with tempers and idiosyncrasies and characteristics. You have to see them stalking about the world, speaking and moving and halting, with the bodies, minds, souls, of men.

You have to travel with them in tram or train, and they will betray themselves, buttoned up and shrinking together, or loose and jolly and open ; fidgetty, restless, fearful ; dull and inert ; quarreling for an open window ; growling at the draught, with windows closed.

You have to dine with them, and they will reveal themselves in their relation to food and drink, and in the mental revelations such convivial moments of relaxation call forth.

You may spot them, standing for preference, or sinking always into the nearest seat ; stoop-shouldered and drooping, or erect and full of "go ;" depressed and querulous ; restless and anxious, as their deeply-lined faces testify ; smooth and smug ; dirty-complexioned and careless of appearance ; chalky-faced and flabby of superlative tissue ; compact and hard as nails ; fault-finding ; affectionate and mild ; responsive to every wave of sentiment and emotion ; dull and indifferent.

Look for them everywhere, and learn them, and they will betray themselves at every turn. Thus you will often save yourself hours of solid work, by spotting them as they enter your consulting-room.

Phosphorus is a VERY COLD PERSON, but his stomach is BETTER FROM COLD DRINKS. When that is sick he craves for cold water, which is VOMITED, however, AS SOON AS IT GETS WARM IN THE STOMACH. This is a particular, true, but a priceless one, *because it is peculiar to Phosphorus.*

And here we have a new term—a “PECULIAR” symptom, strongly diagnostic of one drug. These peculiar symptoms are especially useful in acute diseases where you are more likely to meet them, and where they often provide a brilliant short-cut to the drug, saving time and toil.

See how these peculiar, unaccountable, contradictory symptoms help you—how unexpected they are, and how diagnostic ! Here you have the superlatively CHILLY Phosphorus : and yet his PAINS are often of the most *intensely-burning* description : and though, as a whole, he cannot tolerate cold, yet his sick stomach craves icy drinks, which it cannot even retain when they get warm ! Take your Generals and Particulars mixed-up and awry and just-anyhow, and you might land in giving such a patient Lycopodium : for both are worse from heat, and worse from cold : only the Generals and Particulars are exactly reversed ! For Lycopodium is, in the main, intolerant of heat, which his stomach craves ; while Phosphorus detests the cold which his sick stomach demands with vehemence.

See how all-important it is to get your Generals and Particulars right ! This is where we fail, and blame Homœopathy.

Then, besides Kent's *Generals* and *Particulars*, you have COMMON SYMPTOMS. A symptom may be common to all cases of a certain disease, and therefore of no great use in picking out the individual remedy for a particular case of that disease ; or it may be common to a very great number of drugs, and therefore indicate one of a large group of remedies only, and so of very little use in repertorising.

(*To be continued.*)

—*The Homeopathician.*

THERAPEUTICS OF APPENDICITIS.

In the treatment of appendicitis a great deal of hot discussions has taken place amongst surgeons and physicians of both schools of medicine, and quite opposite views are entertained by medical men. Some say that medicine is utterly useless and as soon as correct diagnosis is arrived at, operative procedure must be resorted to. No time should be lost. On the other hand physicians of great repute and undoubted ability to diagnose and treat such cases, assert that most cases are amenable to therapeutic resources. No knife is required. In their practice operative measures are dispensed with and cases get well only by the aid of medicines.

Even in the rank of homeopathic profession opinions differ very widely. Years ago very lively discussions took place in the annual meetings of both the American Institute of Homeopathy and the International Hahnemannian Association about the treatment of appendicitis. For the convenience of our readers we transcribe here the views of different medical men present in these meetings.

Dr. Willcox, an eminent surgeon of New York, read a paper in which he advocated with unique and unequivocal term the entire need of surgery in appendicitis.

H. C. Allen, M. D., an eminent physician of Chicago said :—"Mr. Chairman, I confess that I face this ordeal with a great deal of trepidation, because I do not think there are many before me, especially among the surgeons, who will believe a word I say after I have said it."

Dr. Wilcox has given us a rather severe castigation as general practitioners. I do not think the general practitioner as a rule deserves it. I have had the honor—I was going to say the pleasure—of practising medicine about forty years. I have had my share in the treatment of such cases,

from colitis to appendicitis. I perhaps have been fortunate, but I have never had one of my patients operated and I have never lost a patient, hence I have confidence in my methods.

Dr. Wilcox gives us a long list of Allopathic statistics which are entirely worthless in Homeopathic treatment. The practitioner may make mistakes, but, gentlemen, do not also surgeons make mistakes? Unfortunately they bury them also sometimes. These statistics from the Allopathic surgeons are absolutely worthless, because if there be a right and a wrong way for the Allopathic surgeon to treat a medical subject, he invariably chooses the wrong one. He cauterizes the bite of a rabid dog, seals up the venom in the system and allows it to take its own process, the worst thing he could do, and the last to be thought of. He applies ice-bags to the sunstruck patient, the worst thing he could do unless he wants to have a funeral.

Now what does the surgeon know about the treatment of appendicitis? Dr. Wilcox says that the symptoms alone are no guide in the treatment of appendicitis, and I say the pathology of the disease is no guide to the Homeopathic physician. I am sorry for Dr. Wilcox. I would, a great deal, rather, take Hahnemann's testimony. He says that the totality of the symptoms is the only guide to the selection of the remedy in every disease, every time and everywhere. It is true. I do not mean to say that Dr. Wilcox is, what I was called last night, but appendicitis is subject to the law of Similars like every other inflammatory disease of the human economy and under the law of Similia it is capable of being treated as successfully as any other disease. Do we operate on pneumonia because we fear we are going to have suppuration? Do we operate on pleurisy for fear we will have effusion? Do we operate on the brain for fear of effusion

into the ventricles ? No ; we simply treat appendicitis in this way, because it is early gotten at with the knife and there is money in it.

Dr. Wilcox says we should operate just as soon as we have made a diagnosis. That has nothing at all to do with it from a medical stand point. We treat the patient the first day we are called. It makes a difference sometimes as to how we begin. Sometimes it means success or failure. I venture to say that neither Dr. Wilcox nor any other surgeon in this room has ever applied Hahnemann's method of treating a case of appendicitis, and put it to the test ; never a man of them has written down the symptoms of his case as, Hahnemann tells he should, at the bedside, and selected his remedy from the totality of symptoms. If there is one person who has done that, let him hold up his hand.

(Two members held up their hands). I take it back for two or three of you.

I want to give just two or three points. First, I do not agree with Dr. Wilcox that we should "knock a man down and drag him off the track" for fear he will be run over. I do not think it is right to kill a patient for fear he will die ; that is the ultimate conclusion. That is not the Homeopathic treatment.

Let me give you two or three points because I have only two or three minutes to do it. Those of you who have paid any attention to, and put into practice, Hahnemann's teachings in the treatment of chronic disease, will see a new light on appendicitis.

He says the reason we have relapsing and recurrent disease, is, because if the first selected remedy fails to cure, there is cause for it, and that cause is to be found in the strumous diathesis of the patients—he calls it Psora, or

tuberculosis, but you may call it anything you wish. There is a strumous diathesis there and that must be cared for and taken into the totality of the symptoms when you make your prescription, when you come to the cause of appendicitis, with your remedy. It is not a case of simple colitis. It is not the disease we are treating in appendicitis, but the patient. We do not guess, we carefully take the symptoms and if Belladonna is indicated give Belladonna, and it will relieve the case as sure as fate, if given in the proper strength. If it is a strumous case, must select the remedy from that standpoint or you will have the patient suffering from relapsing or recurring troubles. Here is where the responsibility of the physician comes in. If he does his duty properly, he will cure his case of appendicitis, just as he cures his case of pneumonia. I never lost a case of pneumonia under Homeopathic treatment. It is a wonderfully rare thing when a good prescriber loses a case of pneumonia. It ought to be equally rare when he loses a case of appendicitis with one exception which is, when the appendix is packed with a foreign body, then that foreign body should be removed. Here is where trouble comes in sometimes for the physician. Fortunately, those foreign bodies are very rare. Sometimes they occur, but they are very rare. Here Hahnemann says that we must remove the cause of the symptoms, and it is necessary to have an operation to remove the cause.

There is one other difficulty about the operation. After the appendix has been removed, the patient is very much in the position of the one spoken of in the new testament, where "the last days are worse than the first." It is only the stepping stone to future trouble; it is only the beginning of difficulty and danger.

You have removed the site of one disease by removing

the organ instead of removing the cause, instead of curing the patient, and the explosion. That inflammatory process now will start in some other organ. He will not have appendicitis, no ; but he may have colitis or peritonitis, or nephritis—he may have any organ of the abdominal cavity or any other cavity, involved at the next explosion, depending upon the exposure to which the patient is subjected.

The cause which produced the appendicitis has not been removed by the removal of the appendix

Let me put another question. I do not believe, a member of this society has ever met a case of suppurative appendicitis that did not come in a psoric, tubercular, or syphilitic patient ; and if you will give your patient the proper treatment, based on his psoric condition, following Hahnemann, you will eradicate this tendency to disease, and you will never have a recurring case, if you will use psorinum, Sulphur or the indicated remedy in the proper strength.

Now about diet. You stuff your patient, and you will have trouble. My cases of appendicitis never have anything but hot and cold water to drink, and that *ad libitum*. They never have any nourishment in appendicitis. You will never starve one to death in two or three weeks, but for heaven's sake do not feed your appendicitis patients. Stop feeding your patients; and it is the same with typhoid fever. The more you put nourishment into an intestinal tube inflamed in that way, the more you are hastening what you wish to prevent. Do we, in treating a case of iritis, say—"go right on and expose the eye to sunlight, its normal pabulum ?" No, we shield it from the light. If we have a fractured arm, do we let it dangle at will ? No. We bind it up. Here is an organ that is inflamed, and can no more take care of nourishment than the eye can take care of light ; give it absolute rest. Do as the pioneer of Homeopathy did, give them the Right diet,

and give them the proper remedy, and you will not have one failure where they will have ninety.

Book Review.

MODERN URINOLOGY :

A system of urine analysis and diagnosis. Illustrated.

By Clifford Mitchell, A. B., M. D.,
Professor of Chemistry, Clinical Urinology and Renal Diseases,
Hahnemann Medical College, Chicago, Ill.

Dr. Mitchell is very well known as authority in urinary diseases and its treatments. His former book on the subject is very well received by the profession. The present book is valuable to those who devote themselves to the study of the urinary constituents in health and disease. In the beginning of every chapter of this work the synopsis is given in bold types to facilitate reference. Analysis of urine in every detail is found in this book. We welcome the book as an useful companion in our schools.

LECTURES ON MATERIA MEDICA.

By James Tyler Kent, A. M., M. D., Second Edition.

Dr. Kent's lectures are valuable anywhere they are delivered. Here is a classical work on materia medica in a readable form. This is the second Edition. It is revised and many remedies have been added. We still want more and hope the author will fulfil our desire in a future edition. The first edition was very well received by the profession and we hope the second will also find a ready sale. Much credit should be given to the publishers.

THE INDIAN HOMEOPATHIC REVIEW. .

A Monthly Journal of Homeopathy and
Collateral Sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute
medicine. — HAHNEMANN.

VOL. XXI.] SEPTEMBER 15, 1912. [No. 9.

THE INTERNATIONAL HOMŒOPATHIC COUNCIL.

While attending the meetings of the International Homeopathic Congress in London last year, it was with very great delight that we heard from the presidential chair certain remarks that indicated that instead of holding a quinquennial international congress every five years, and instead of thus sleeping over these five years, it would be better for the propagandism of Homeopathy and also for the welfare of our cause, to meet oftener and discuss matters more frequently. If we mistake not, a committee was formed to promulgate this idea and we sincerely congratulate Dr. Burford and our European and American colleagues for having given effect to their idea at once. A meeting of the International Homeopathic Council was held at Zurich on the 11th of August last, which was very largely attended. Dr. J. H. McClelland from America, Dr. Samuel van den Berghe from Belgium, Dr. Grouleff from Stockholm, Dr. Gallivardin from Lyons,

Dr. Gustave Sirsch from Vienna, Dr. Richard Haehl and Dr. Kranz-Busch from Germany, Dr. Alfred Hawkes from Liverpool, Dr. Mende from Switzerland and the President of the last International Congress Dr. George Burford were among those that graced the meeting by their presence. It is our regret that we could not be present on such an occasion.

Dr. J. H. McClelland was elected Chairman and Dr. Petrie Hoyle acted as Secretary of the meeting. We quote below an article from the pen of Dr. Burford which will give to our readers a better idea of the meeting than we can portray ourselves. We hope we shall be able to take a more active interest for the cause of Homeopathy in India at the next meeting.

J. N. M.

THE FIRST MEETING OF THE INTERNATIONAL HOMŒOPATHIC COUNCIL.

By DR. GEORGE BURFORD.

This roof of Europe has seen many historical meetings, and the city of Zurich, whose educational light has lightened the world, has watched the beginnings of great stages of progress in religion and letters. Another laurel has been added to its crown ; it has recently seen the unfolding of a new bud in the tree of human interests. The first International Homœopathic Council has met in this peaceful environment. Its business was the union, in free and flexible association, of the main homœopathic activities of the new and the old world.

In time past the homeopathic affairs of different countries have been separate and apart, almost as though they were of different planets. But in last year's London Congress the

note of the Internationalism of prime homœopathic interests became dominant. It was voiced in the President's address ; it grew in the reports of Homeopathic Status and Progress from different countries ; it culminated in the decision on the last day of Congress to appoint an International Homeopathic Council, to foster the idea and to knit together the affairs of a World-Homeopathy. Each year till the next Congress an elected body is to sit in a brief Parliament, to debate the practical politics of the cause, and to carry on suitable action.

Switzerland, as a centre easy of access, was chosen for the first Council Meeting ; and this was timed simultaneously with the annual assembly of the Central-Verein of Continental Homeopathic Physicians. We found a considerable attendance of this body in session on our arrival ; the famous Ton-Halle of Zurich was the place of meeting.

Under the Presidency of Sanitats-Rath Dr. Weiss, business matters came first for consideration ; and to us the most interesting item was the debate on the financial provision for the next International Homeopathic Congress in Berlin. They do nothing by halves, these German colleagues, and have already begun effective preparation for a great assembly four years hence. Among other medical papers was one by our learned and distinguished friend Dr. Kranz-Busch, on the Comparative Therapeutics of the *Solanaceæ*. It was a masterly production, and occupied one hour and fifteen minutes in delivery. We trust it, in whole or in part, will find its way into the English journals.

The President, having proposed the writer as a member of this meeting of the Central-Verein, invited him to address the assembly. A brief discourse was given, for whose idiomatic casting the speaker owed much to the kindly aid of Dr. Kranz-Busch.

The Central-Verein conducted its business with celerity

and thoroughness ; the discussions on the papers were as interesting and informing as the papers themselves. The work done deserved the social amenities which occupied each evening, chiefest being a reception of the Homeopathic Physicians assembled in Zurich, with their ladies, by Madame Mende, at the charming house of Dr. Mende in the Drei-König-Strasse.

On August 11th the International Council assembled and the delegates present signed the roll. That veteran of American Homeopathy, Dr. J. H. McClelland, headed the list. Dr. Samuel van den Berghe was the representative of Belgium, Dr. Grouleff came from Stockholm, Dr. Gallivardin from Lyons, and Dr. Gustave Sirsch from Vienna. Dr. Richard Haehl, whom we were delighted to see in restored health, together with his eminent and well-remembered colleague Dr. Kranz-Busch, were the delegates from Germany. Dr. Alfred Hawkes, of Liverpool, our well-beloved colleague, together with the writer, were the English representatives ; while the courtly and urbane Dr. Mende, whose hospitality to the delegates was royal, voiced the requirements of Homeopathy in Switzerland. Letters of regret at non-attendance were received from Dr. Barrantes in Madrid, Dr. Tuinzing in Amsterdam, Dr. Sutherland in Boston ; while personal messages to the same effect were sent by Dr. Burwood and Dr. Wheeler of London.

Dr. J. H. McClelland was elected as Chairman, and Dr. Petrie Hoyle as Minute Secretary to the Meeting. The Chairman gave an inspiring introductory address, in which he emphasized the point that Homeopathy, a scientific and successful method of practice, was experiencing some detent in progress, and had not obtained the recognition proper to its deserts. We were assembled to investigate and deal with the cause. The writer was then called on to read a paper on

the Constitution and Objects of the Assembly, together with a review of the available means at disposal for practical work, and a suggested plan of action. Emphasis was given to the absence in our machinery of systematized unification of Homeopathic progress in different countries, and the inspiring spirit of the projected Internationalism in Homeopathy was "Each for all, and all for each."

Dr. Mende, of Zurich, proposed, and it was unanimously adopted, that this address be received and printed in English, French and German, for circulation among the homeopathic societies represented by the members of the Council. It was agreed to invite each country represented at the Council Board to create a working body, *ad hoc*, to link up with the Central Council; each country to have absolute autonomy and entire responsibility for its own methods and expenditure. But this would not preclude subsidies from the Central Council if and when desirable.

The delegates then adjourned to luncheon in an adjoining chamber of the Ton-Halle. Ladies were invited as guests, and international acquaintanceships were made and renewed.

At the afternoon sitting the delegates proceeded at the instance of the Chairman to constitute the organization for the ensuing year. Each country represented was invited to nominate through its own organization a specified number of delegates to the next International Council meeting. Further, it was resolved to communicate with countries as yet unrepresented on the Council, *e. g.*, Brazil, Mexico, the East Indies, Australia, etc., to the same end. An Interim Executive Committee was then elected consisting of Dr. McClelland (America) as President, Dr. Mende (Zurich), Dr. Burford (London), Dr. Sutherland (America); with Dr. Wheeler (London) as Secretary, and Dr. E. Petrie Hoyle as Associate Secretary, to deal with business arising

during the coming year and to report to the next annual meeting.

A cordial invitation, conveyed through Dr. S. van den Berghe of Ghent was received for the next assembly of the Council in Ghent. Dr. Grouleff (representing Sweden) proposed that the meeting in the ensuing year should be in Stockholm. Dr. Kranz-Busch, representing Germany, urged that the importance of the meeting and the keen interest of the German colleagues justified the acceptance of an invitation to Berlin. Finally it was agreed to accept the suggestion of Dr. Van den Berghe, and to arrange for the assembly of the Council next year in Ghent.

Again and again during the conferences of the day the different requirements of the various countries for progress in Homeopathy were vividly stated. Sweden, according to Dr. Grouleff, required furtherance on lines of development quite different from those which, according to Dr. Haehl and Dr. Kranz-Busch, now require to be extended for Germany. In America, educational institutions for homeopathic teaching are numerous; in England the promise and potency of homeopathic education is circumscribed by London; in France this is conspicuous by its absence. So with Homeopathic Hospitals, the essentials of our progress; in this country voluntary effort can find these in desirable localities; not so easily in Germany, where official assent is required. Thus the decision was reached that to avoid nebulous or inaccurate views and procedure, the *ad hoc* organization of each country should be invited to study and report in effective detail to the next meeting of Council precisely what is requisite to speed up the homeopathic progress of the country reporting. Sufficient time is thus given for the careful preparation of data and suggestions on which alone the Council can debate and decide.

It was also noted with appreciative point how the experience of one country can be of service to another, *e. g.*, that of Germany where popular institutions for the maintenance of Homeopathy are more numerous than in any other land. Again that of America, whose effective educational institutions for the teaching of Homeopathy are the admiration of all. It was urged that each country had some special experience in its homeopathic past or present which would be of value at the Council table.

The newly appointed Executive Committee, or rather a quorum, met on the day following their election, Dr. McClelland presiding. The pressing business for consideration was how best to convey to the Homeopathic Societies of Europe and America the constitution and aims of the International Council, and also how to foster a keen interest in its being and doing. It was felt highly desirable to amplify the representation of the Council in various countries by some special delegation from the Executive ; and to this end Dr. Petrie Hoyle was asked to undertake the functions of special envoy of the Committee, putting himself into communication with the principal homeopathic societies of Europe, and arranging that a visit be paid and a special exposition given to each of these societies in conjunction with the work of the Council delegates in each country. Fifty pounds, in the currency of various countries, was subscribed in the room for travelling expenses, and hints of second subscriptions were generously given. It is in accord with the best traditions of Homeopathy that more effective financial support be given to this all-important missionary enterprise.

—*The Homeopathic World.*

REPERTORISING.

(Continued from page 250, No. 8, Vol XXI.)

Take thirst, a general symptom of the patient, though in the Repertory relegated to the section "Stomach:"—"I am terribly thirsty." *If there is nothing to account for the thirst*, it may be an important symptom, though common to a large number of drugs ! But if the patient is running a high temperature, or suffering from diabetes, or if his work keeps him in the heat of a bakehouse or an engine-room, or if the weather is suddenly and unusually hot, the symptom becomes a Common symptom, and almost valueless. Don't waste life in writing down that awful list of remedies "Thirsty." Absence of thirst under conditions *where you would expect it*, on the contrary, becomes a very important symptom ; as *absence of thirst with a very high temperature*—Kent has a rubric for that.

Remember !—THE MORE UNCOMMON A SYMPTOM IS, THE MORE VALUABLE : THE LESS YOU CAN ACCOUNT FOR A SYMPTOM AND THE MORE INTENSELY PERSONAL IT IS, THE MORE IMPORTANT. In inflammation, for instance, worse from pressure is what one would expect, and of little value—so many drugs and most inflammations have it ! But *better from pressure*, under these circumstances, is priceless, and leads you to a small group of drugs, such as *Bryonia*. Frequent micturition with a fibroid impacted in the pelvis is not a symptom that will help you in working out your case ; it is a Common symptom and amply accounted for . . . and this leads one to insist on the absolute necessity for correct diagnosis *before you even open your Repertory*. Remember, the priceless symptoms for success are the strange, the rare, the unaccountable ones ; those that flatly contradict preconceived ideas, and head off straight for a limited number of drugs.

Eliminating Symptoms.

This is a new word, but expresses what we all desire in repertorising, and what we have to be very chary of using too rigidly, lest we lose the remedy we are seeking.

Instances best reveal meanings. Take one. Say your patient complains of dyspepsia, with burning pain in the stomach, and the frequent vomiting of sour fluid. He pours you out particulars, which

he has at his finger-tips, since they are just the symptoms that impress a man's memory, by intruding themselves on his consciousness in a very realistic way. You jot them down till you have the case as fully as most people go, with all its modalities (*i.e.* the conditions as to *heat and cold, movement and rest, position, hours of day and night, relation to food and drink*, etc., relating to *the stomach condition* complained of).

You have assured yourself, by careful examination, as to whether the trouble is likely to be organic or functional, or whether some of the symptoms have to be discounted, as secondary to some gross lesion. And now it is your turn. You have to elicit the *general* symptoms of your patient; you have to switch him off the siding "my" and on to the main line "I."

You now find that he cannot stand heat—whatever his stomach may do; that he is ill if long out in the sun; that he wants a cool room, prefers cold weather and a cold climate; that he never goes near the fire; you noticed when he came in that, though the weather was cold, he was not buttoned up, nor thickly clothed. It is not closeness nor stuffiness so much that affects him (you have to be careful between these!) but *heat*. He is one of Dr. R. G. Miller's "predominantly hot-remedy people."

There is an eliminating symptom for you! You know at once, whatever his stomach condition may be (its particular symptoms might perhaps be equally well-met by Ars., Phos., Nux., Lyc., Nat-mur., or a host of others); with that temperament, that warm personality, it would be useless for deep and curative work to think of giving him Ars., Phos., Nux or Sep. He is a hot patient, and these are predominantly cold remedies. You can strike them out at once. For even if one of them, aptly fitting the exact stomach symptoms only, gave temporary relief to the immediate condition, the patient would relapse again and again. It could not hold. It would act as a palliative, not a curative drug. It might provide a temporary organ-stimulus; it could never be the stimulus of the organism.

Here you see well the difference between deep and superficial

work—between curative and palliative. The people who get their honest triumphs in *similars*, and see at least brilliant temporary results in superficial acute conditions, and believe honestly that these are the very best attainable by medicine, scout the idea of the lasting triumphs of the *similimum*. They know well, from years of experience, their own limitations, and it seems to them outrageous that other people should make larger claims. As a matter of fact, when you get the real *similimum*, the odds are that instead of palliating the stomach condition you will aggravate it a thousand-fold—for the moment ; aggravate it, once and for all, to cure. And if you do not know your work, you will think that you have given the wrong medicine, and antidote or change it. Then your patient will be, so far as you are concerned, incurable. But it may be your ignorance only that makes him so !

So now, down all the rubrics, mental, general, and particular, you will carry that great eliminating symptom, WORSE FROM HEAT, and ruthlessly cut out all the remedies that are chilly, and therefore deeply help chilly people. None of these you need write down at all. Using Dr. R. G. Miller's list, which we will give in a moment, you can go on to any other General, and especially to any *marked* mental symptom, and often get a pretty correct idea of the exact remedy before you ever start to tackle the particular and immediate suffering for which the patient comes to you.

Now suppose you discover that he is liable to fits of depression, and yet cannot endure any attempt at consolation ; that he becomes a very fiend if any one attempts to cheer him—even to enquire what is amiss ; that people have learnt to let him severely alone, when his moods are upon him. With these two important symptoms alone, worse from heat, and worse from consolation, *which have to be in equal type, remember, in the patient and in the drug*, you have reduced your area of search to Lil.-tig., Nat.-mur. and Plat. (for Lyc. and Merc. come through the “ < consolation test ” in the lowest type only, which is hardly good enough for such a marked loathing of consolation as this !)

Or, if your patient has been as predominantly chilly and worse from

cold as this one was from heat, and the aggravation from consolation test came out as strongly, you would have found yourself at the start of your work with Ars., Bell., Calc.-ph., Ign., Nit.-ac., Sep. and Sil., with two or three others to play with in brackets—lowest type. If you can get such marked eliminating symptoms to begin with, see what a comparatively small number of drugs you have to carry down through all the rubrics, and how much easier and quicker it is to get your remedy, and how much greater confidence you have in the result of your search. You will generally find, as you work down, that one drug stands out more and more pre-eminently :—it may not be in all the rubrics, *but it has to be in all the important ones, i. e., those best marked in the patient, and of highest grade.* And presently you throw down your pen : you are convinced ; and it is a mere waste of time to go further.

Now take the same case and start, instead, on the marked symptoms complained of by the patient—the Particulars, and just see what work you have cut out for you ! Begin with the rubric *Vomiting*, and write it out for the last time, and see what it entails. And write all the drugs, in all the types, lest you should miss any. Take his particular symptoms, one by one, and write, and write, and write.

Vomiting, 162 drugs.

Vomiting watery, 108 drugs.

Vomiting sour, 89 drugs.

Burning pain in the stomach, 186 drugs.

Pain in the stomach p. c., 110 drugs, etc.

It may easily be such a list, of which this is but the merest beginning.

No wonder that people get "Repertory funk !"—for remember that people are actually doing this, at this moment, in all quarters of the world ; for they are sending us their beautifully neat, conscientious and exhaustive work to show, as they ask for a better way ; and it is their cry for help that has caused this article to be compiled. Sheets and sheets of paper you will cover.

—*The Homeopathician.*

DIRECT AND REMOTE EFFECTS OF TRAUMA.

BY J. N. MAJUMDAR, M. D.

I remember very well how our professor of surgery Dr. J. R. Boynton of Chicago tried to impress on our minds the importance of the effects of shock and how little did we realize the significance of the same. In fact many among us ridiculed the idea of having had to listen to a lecture on shock for hours together. But with growing age and experience I begin to think differently. I think we very often minimize the significance of the effects of shock. I need hardly dwell on the shock that result from surgical operations or from burns and scalds for that is too well-known to all physicians and surgeons to be repeated here.

My intention therefore to-day is to deal with the effects of severe traumatic injuries. In cases where the injury is to bones or muscles or where it can be detected by the naked eye, it can be attended to at once. But in many instances the injury is confined to the nerves or to some internal organ. Sometimes immediately after a fall or hurt the shock is so great that the patient is unable to realize it. Sometimes even the effects of a fall goes unnoticed, but the results very often are very serious. The efficacy of homeopathic medicine in these cases is wonderful. A most foolish argument is sometimes advanced against the homeopathic doctrine by some ignorant people when they say that a man falls from a tree and breaks a limb, let him have another fall and he will be all right. To this I should say, select a medicine that produces very similar symptoms to those produced by a fall and give this medicine to a injured man and see the effect. We have just such a medicine in Arnica. We have a host of others that have similar effect. I would like to refer the reader to an article that appeared in the pages of this

journal headed "Some of Our Traumatic Remedies." I shall illustrate the subject of our paper to day by mentioning two or three cases that came under my observation lately.

I. My own little boy aged about 3 years, apparently healthy and strong and of a very inquisitive and impatient trend of mind fell under a bicycle and a spring bedstead successively within two months. Fortunately the matter came under our notice immediately and steps were taken. Both the times he had miraculous escapes, for he was not badly hurt, and I gave him some Arnica immediately. He was not badly hurt it is true and the shock was not very great to all intents and purposes, but I notice with very great alarm that the boy has been getting thinner and thinner and has lately developed enlarged cervical glands which I only hope are not tubercular, for there is no family history of such trouble in either side. I attribute all this to the injury.

II. A gentleman aged 37 years, who had been a very good man of abstemious habits all his life, and was making his way in life by his regular habits and sobriety, was induced by friends (undesirable, for save me from my friends is a very true saying) to dine out. They dined and drank and stayed out late. He became very much the worse for liquor and I suppose, was induced to visit undesirable places, for he told me that he had no recollection of what he did after the dinner. He had a severe fall or perhaps two or three falls for he showed me bad marks on the knees and elbows, to which I attended immediately. Two or three days later he saw me again in great alarm for he had developed a small syphilitic ulcer on the prepuce and he said he felt very bad in his head. The sore yielded promptly to Merc. sol. and he was apparently all right for about a fortnight or so, when I was called one day by one of our colleagues to see him in consultation. I found him bed-ridden. He had high fever and there was

great pain in his abdomen, which was very painful, tender and tympanitic. He was having diarrhoeaic motions and the urine was very high-coloured. The case was diagnosed as that of renal colic. But on closer examination I found that there were two or three ecchymotic spots on the abdomen. I thought the case was one of peritonitis and inspite of all we could do, the poor gentleman died within a few days. My only regret in this case was that I did not strip him naked and examine him all over the very first day he came to me, for my impression is that I would have detected these ecchymotic spots then and there and perhaps could have done something for it.

III. A Raja's child aged about 5 or 6 years fell down from an upper story, a distance of about 15 feet, but strange to say, was not hurt in any way. She walked upstairs again then and there and no notice was taken of the fall. About a week after she developed high fever, which was attributed to malaria, for the place was highly malarious, but the poor child died from the effects of this fever within 5 or 6 days inspite of the best medical aid. My idea is that in this case also the trauma was at the root of all evil.

GYNECOLOGY. *

By Dr. DAKSHINARANJAN DUTT.

Mr. President, fellow brethren and gentlemen !

The theme of this day of our meeting is Gynecology, a most important and interesting subject, which should have been discussed and dwelt with by some other more experienced and able member of our meeting than my humble self. Especially the diseases in women are so numerous and so multifarious in number and their

* Read before the seventh monthly meeting of the Calcutta Homeopathic Society.

remedies are so many in number, that it cannot be expected to be discussed elaborately in a few papers of a meeting of this kind. When good authors on this special subject having written voluminous books could not meet the demands of the public to the full extent, how could it be possible that an insignificant man like myself would try to satisfy my educated fellow brethren, may the best doctors of the seat of capital by writing a few leaves on this important subject. However, when the honorable President has requested me to read a paper on this subject in this evening, I shall try my best to do justice to it as much as lies in my poor ability.

The term Gynecology is derived from Gr. *gyne*, a woman and *legim*, the Latin term *logus* to speak. It means that branch of medicine which treats of the diseases and affections peculiar to woman and her physical organism.

The causes of the increased frequency of diseases peculiar to the female sex are more directly attributable to bad habits of dress, diet, and unnatural and injurious personal and social habits of various sorts than to other causes which have been attributed by different authors. One author attributes the difficulty to faulty methods of education, particularly the attempt of young women to compete with their brothers in the study of the classics and higher mathematics. Another attributes to the other causes. However the process of perversion which finally results in serious disease, begins at a very early period. I shall quote here the words of the eminent Prof. Emmot, who stands foremost in the ranks of specialists in the treatment of this class of diseases.

"At the very dawn of womanhood the young girl begins to live on artificial life, utterly inconsistent with the normal development. The girl of the period is made a woman before her time by associating too much with her elders, and in diet, dress, habits, and tastes, she becomes at an early age but a reflection of her elder sisters. She may have acquired every accomplishment and yet will have been kept in ignorance of the simplest feature of her organization, and of the requirements for the preservation of her health. Her bloom is

often as transient as that of the hot-house plant, where the flower has been forced by cultivation to an excess of development, by stunting the growths of its branches, and limiting the spread of its roots. A girl is scarcely in her teens before customs require a change in her dress. Her shoulder-straps and bottoms are given up for a number of strings about her waist, and the additional weight of an increased length of skirt is added. She is unable to take the proper kind or necessary amount of exercise, even if she were not taught that it would be unladylike to make the attempt. Her waist is drawn into a shape little adapted to accommodate the organs placed there, and as the abdominal and spinal muscles are seldom brought into play, they become atrophied. The viscera are thus compressed and displaced, and as the full play of the abdominal wall and the descent of the diaphragm are interfered with, the venous blood is hindered in its return to the heart.

Although mothers have been repeatedly warned of the danger of thus allowing their daughters to sap the very foundation of their life in early womanhood, it is rare indeed that a mother can be found who has the moral courage to stand up against the tide of public opinion and bravely refuse to bow to the mandates of fashion. Health, happiness, usefulness, comfort, are all sacrificed to the throne of the fickle goddess to whom so many thousands pay an onerous but willing homage. So long as this strangely inconsistent course is persisted in, woman will continue to be the chief supporter of the medical fraternity, whose skill and ingenuity are taxed to the utmost in devising means for the relief of her multitudinous and painful ills ; at least three-fourths of which might be easily avoided by better attention to the laws which govern her sexual nature."

I shall quote a few lines from "The Bible in India" translated from "La Bible Dans L'Inde" by Louls Jacolliot.

UNCLEANLINESS OF THE WOMAN.

The woman in her menstrual state shall be secluded for 7 days. "Who shall touch her shall be unclean until evening, and whatever

she shall sleep upon, or sit upon, during the days of her seclusion, shall be defiled." "Who shall have touched her bed, shall wash his clothes, and having plunged himself in water, shall be unclean until evening." If a man approach her while in this monthly recurring condition, he shall be unclean for 7 days, and all the beds whereon he sleeps shall be defiled." "The woman in whom the condition is irregular or prolonged beyond the natural period, shall remain unclean so far each month while it continues," "And during that prolongation all on which she shall have slept or sat, shall be defiled and whosoever shall have touched them, shall wash his clothes and person and be unclean until evening." "The period over, and its effects having ceased, the woman shall count seven days before purifying herself," so and so. Such is the law for one afflicted with seminal flux, or for one who shall defile himself in approaching a woman." "Such is also the law as regards the woman secluded during her monthly periods, or when that period recurs irregularly or so prolonged, and such also for the man who shall approach her at such a time."

From this we can easily come to the conclusion that women should keep themselves in strict seclusion in every respect during their monthly periods.

Among other general causes of disease in women may be mentioned novel reading, an evil habit indulged in by a large portion of the young ladies of the present day, and the result of which is the development of a weak sentimentalism, and the production of nervous hysteria and a long list of maladies which depend largely upon morbid mental states.

Another very frequent cause is carelessness at the menstrual period. Young women attend office, parties, concerts, balls and various entertainments and several sorts of business in all sorts of weather without proper attention to protection by suitable clothing, irrespective of the menstrual function ; the consequence of which is the foundation for serious diseases in future life. Specially this sort of carelessness is generally found among the young women of our eastern country, when they discharge the daily works of their

household affairs in winter season. The greatest care should be taken at the time of the establishment of the menstrual flow on this account. At least 24 hours' rest should be taken before and after the time for the period. For this reason especially our ladies and women are not allowed to touch anything during the time of menstruation. No violent physical and mental exertion should be indulged in at this time.

Another active cause in the production of local diseases in women is habitual neglect of the bowels. The great majority of women suffer with constipation of the bowels. In a majority of cases this is largely the result of neglect to attend promptly to the calls of nature. By degrees, the bowels lose their natural sensibility and become torpid and inactive; the immediate result of this is congestion of all the organs of the pelvis, the uterus and ovaries with the rest, and sooner or later the symptoms of disease of these organs make their appearance.

Lastly, we must mention sexual abuses of various sorts, as among the most positive sources of serious local diseases in females as well as in the opposite sex. Incurable disease of the fallopian tubes is a very common result of inflammation following child-birth. Inflammation of this sort is much more due to result of miscarriage, especially when purposely or artificially induced and is one of the causes of the frequent sterility which follows criminal abortion. Women suffer loss more from diseases peculiar to their sex than is generally supposed. A very small portion of backaches of which women complain, is really due to diseases of ovaries. Ulceration, hæmorrhoids, constipation of the bowels, especially prolapsus of the stomach, liver, spleen, kidneys, and bowels are the most common causes of backaches in women.

On account of these sorts of irregularities in living and carelessness of habits on the part of young women, they generally suffer from either of the following maladies:—(1) Inflammation of the ovaries. (2) Congestion of the ovaries. (3) Ovarian tumor. (4) Ovarian dropsy. (5) Inflammation about the uterus. (6) Amenorrhœa. (7) Scanty menstruation. (8) Menorrhagia or

profuse menstruation. (9) Metrorrhagia or uterine hemorrhage. (10) Dysmenorrhœa or painful menstruation or menstrual colic. (11) Nymphomania, that is an intense degree of sexual excitement. (12) Sterility. (13) Endometritis or uterine catarrh. (14) Metritis or chronic inflammation of the womb. (15) Granular inflammation of the lips of the womb. (16) Stricture of the uterine canal. (17) Tumors of the womb. (18) Displacements of the womb. (19) Anteversion. In anteversion, the uterus while maintaining its straight form, is tipped forward against the bladder. The organ is tipped slightly forward in its natural condition, so that anteversion is simply an exaggeration of its natural condition. (20) Retroversion. This condition is that in which the uterus is tipped backward against the rectum. The organ may be tipped directly back or inclined more or less to either side. (21) Prolapsus of the womb. (22) Flexions ; from various causes, the womb may become folded upon itself. When this occurs anteriorly, it is termed *antiflexions*, when the organ is folded backward against the rectum, the condition is termed *retroflexion*. *Lateroflexion* is a condition in which the uterus is folded over to one side. *Anti-flexions* and *retro-flexions* usually result from *ante and retro-versions*. (23) Leucorrhœa or white discharge. (24) Vaginitis or Inflammation of the vagina. (25) Vaginismus or severe spasmodic pain or contraction of the walls of the vagina from the slightest irritation. (26) Cystocele. This is a condition in which the anterior wall of the vagina, together with the bladder, falls downward in such a way as to produce a bulging ; the most common cause of this condition is rupture of the perinium in child-birth. (27) Rectocele. This is a condition similar to cystocele, occurring in posterior wall of the vagina. (28) Itching of the genitals or Pruritus ; (29) Imperforate hymen. This is a condition in which the vaginal orifice is closed by an excessive development of hymen. When complete, it causes a retention of the menses. Although the patient has all other symptoms of menstruation, the menstrual flow does not appear. Though not sufficient to occasion an obstruction to menstruation, it may be sufficient to render the sexual act impossible. (30) Mastitis or

Inflammation of the breast. (31) Galactorrhœa ; this is a peculiar condition of the breast in which a continuous flow of milk occurs either between the intervals of nursing or after the infant has been weaned. It is due to a relaxed condition of the nipple, abnormal activity of the gland or to debility. (32) Overgrowth of the breast ; this condition may be due to an over accumulation of fat or to an actual overgrowth of the gland itself. The causes of the first condition are obesity and masturbation and other sexual excesses. Overgrowth of the gland itself is due to the organ not diminishing in size after lactation. (33) Atrophy of the breast ; in this condition the breast is flat and the nipple small. This condition is sometimes due to deficient development of the ovaries, in which case it is accompanied by amenorrhœa. (34) Cracked nipple. (35) Cancer of the breast. (36) Fibrous tumor of the breast. (37) Irritable breast ; the breast is sometimes the seat of some neuralgic pain. (38) Rupture of the neck of the womb. (39) Laceration of the perinium. (40) Change of life, or menopause ; the cessation of the function of menstruation usually occurs between the ages of 40 and 50. (41) Coccygodynia, that is painful sitting ; this is an occasional accompaniment of pregnancy and it may also occur in other condition. (42) Enlarged abdomen ; in women who have borne several children in rapid succession, the abdominal walls often become flaccid and pendulous.

(*To be continued.*)

QUARANTINE.

BY W. S. PUTNEY, M. D., HEALTH OFFICER, MILFORD,
CONNECTICUT.

The word, quarantine, derived from the Latin *quadraginta*, meaning forty, is the time (formerly forty days) during

which vessels and their passengers, cargoes, etc., are detained and isolated on entering a port when they carry or are suspected of carrying contagion. The term is also used to denote such detention and isolation and collectively all the means employed therein. Looking at it in the light of forty days' detention, as applied to vessels, we might, in a broad sense, say that the first recorded case of such detention will be found in the Old Testament, in the case of Noah and his family, who were detained in the ark for forty days and nights, not, however, to protect his neighbors from any contaminating disease on his part, but rather to protect him and his from sin and disease and the destruction which overwhelmed and blotted out the rest of mankind.

History of Quarantine Regulations : The necessity for quarantine, as now understood, arose out of the development of commerce and it is generally believed that the earliest quarantine regulations were those promulgated about the beginning of the fifteenth century by Venice (then the greatest sea-mart of the world) as a protection against the plagues of the East—the black plague and the Egyptian plague.

As early as 1348 the household goods of those who died were destroyed and health officers were appointed.

The first lazaretto was established in 1403 and suspected incoming vessels with their passengers and cargoes were detained and isolated for forty days. Later, especially in the eighteenth century, lazaretti were established and maintained at most of the Mediterranean ports.

These early lazaretti, together with the sanitary cordons established about nearly all the principal cities, were directed only against the plague. Their measures taken for protection were often needlessly harsh, owing to the lack of scientific knowledge of the cause of the malady and of the means by which it spread.

In the latter part of the eighteenth century efforts were made by John Howard and others to improve the lazaretti and hospitals and to combat foolish superstitions and practices, and in the earlier part of the nineteenth century a call was issued for an International Congress to consider quarantine measures.

By this time the plague had waned in power and had invaded Europe as an epidemic almost for the last time.

Since the year 1821 quarantine regulations have, in the main, been directed against yellow fever and cholera, although they are intended to act likewise as barriers to the ingress of all contagious and infectious maladies.

Division : For convenience we may divide the subject into three heads, namely, notional or maritime quarantine, inter-state or inland quarantine and local quarantine, and we will consider them in the order named.

National or Maritime Quarantine : The first colonial quarantine law was passed in Massachusetts in 1699 and during the next century every colony had laws of this kind on its statute books. Up to the time of the establishment of the National Board of Health in 1879, maritime quarantine was entirely in the hands of the States, which, however, frequently delegated it to the seaports within their borders. The Federal Government doubtless has authority to maintain quarantine and it then for the first time attempted to do so. After this board was abolished quarantine powers were conferred upon the marine hospital service.

The present U. S. quarantine laws and regulations, the latter promulgated April 26th, 1894, are designed to obviate the detention of incoming vessels and passengers, in so far as this is compatible with the practically absolute exclusion of infectious diseases, which is, of course, their paramount aim.

As a means both to prevent delay and to exclude contagion, quarantines have been established by the U. S. Government at all foreign ports of departure and every vessel leaving such a port for this country must have a bill of health from the proper U. S. officer, consular or medical, "setting forth the sanitary condition and history of the vessel and that it has in all respects complied with the rules and regulations."

There must be a personal inspection by the officer of "all vessels from ports at which cholera prevails, or at which yellow fever, smallpox or typhus fever prevails in epidemic form" and "all vessels carrying steerage passengers."

It is also required that all vessels shall be thoroughly clean before receiving cargo or passengers ; that the bedding for steerage passengers must be renewed or disinfected before being used on the voyage ; and that, if there were any cases of infectious disease on the last voyage, all parts of the vessel that could possibly have been infected must be disinfected ; the regulations as to cargo vary as to its character.

The treatment of passengers is somewhat different, according as they belong to the cabin or steerage class ; but no one with cholera, smallpox, yellow, typhoid or scarlet fever, measles or diphtheria is allowed to ship, nor should any be received from an infected port.

The weekly reports of the consular officers keep the Government well informed as to the exact sanitary condition of all ports of departure and the districts adjacent thereto or in direct communication with them.

Cabin passengers from ports or districts where cholera or other infectious diseases are prevalent are subject to inquiry as to their place of abode for the five days immediately preceding departure, and may be detained as long as the inspecting officer thinks best and may also be required to

have their baggage disinfected if there is any suspicion of exposure to infection.

Steerage passengers and members of the crew from cholera-infected districts must be detained five days; those who have been exposed to typhus fever fourteen days, in suitable quarters, "the said periods to begin only after the bathing of the passengers, disinfection of all their baggage and apparel, removal of all food brought with them and isolation from others not so treated." The same rules are applicable to those from districts where plague, smallpox or yellow fever is prevalent and epidemic, and if any one of these diseases should appear among those thus detained there must be a second isolation for the proscribed time, disinfection, etc., the new detention counting from the removal of the last case from the detention barrack.

Every passenger must have an inspection card, bearing the stamp of the proper officer, the name of the passenger, ship and port of departure and the date of the latter, and all baggage must have labels with similar data (excepting passenger's name) and with statement and date of inspection or disinfection.

Under the terms of the statute, the President has the power, whenever existing conditions appear to justify it, "to prohibit, in whole or part, the introduction of persons and property from such countries or places as he shall designate, and for such periods of time as he shall deem necessary. On Sept. 1st, 1892. owing to the presence of cholera, President Harrison proclaimed a twenty day's quarantine of New York. By law it is made a misdemeanor, punishable by fine or imprisonment or by both, for the master, pilot or owner of any vessel entering a port of the U. S. in violation of the act or regulations framed under it.

The regulations require during the voyage a daily

inspection, free ventilation and thorough cleanliness of the vessel, isolation of the sick, etc., and at the port of entry the only delay required is that which will enable the proper officials to inspect the ship, crew, passengers, baggage labels, ship's bill of health, physician's records, etc.

The Government provides for the maintenance of this inspection service at every port of entry under its jurisdiction throughout the year, and it applies to all vessels from foreign ports, all vessels with sickness on board or in which sickness has appeared since leaving the port of departure, and vessels from domestic ports where cholera or yellow fever prevails, or where smallpox or yellow fever is epidemic.

To these requirements the proper State or local authorities may add such others as may seem to them to be advisable or necessary.

The inspection being completed, and everything proving satisfactory to the inspecting officer, he fills out his certificate, which, together with the bill of health from the officer at the port of departure, must be given to the collector of the port and without these two papers no vessel is permitted to disembark any of its passengers or cargo.

Should there be any evidence or belief that there is possibly infectious matter on board, the inspector orders the vessel to proceed at once to the nearest national or other quarantine station, there to undergo treatment.

These regulations apply to the main ports of entry of the U. S., and as a further precautionary measure, the U. S. authorities at Ellis Island (and I presume likewise at the other ports of entry) notify the State authorities when a steerage passenger, who comes from a cholera-infected district, is released, with their place of destination, and the State Board of Health in turn sends such notice to the local health officer of such place of destination with the request

that surveillance be maintained over such party or parties. In case a sudden outbreak of such disease should occur, the source may be quickly traced and means taken at once to prevent its spread.

Inland Quarantine : The quarantine of one place against another by land as well as by sea was practised in early colonial times and was authorized by the statutes of Mass. and R. I. in the first part of the eighteenth century. Shotgun quarantines were not unknown and men with loaded flint locks were stationed outside of villages to intercept cases of smallpox that might travel that way. Towns might quarantine against towns either in the same or neighbouring States and frontier towns sometimes had special privileges and duties in regard to this.

At present many laws seem to recognize a distinction between interstate quarantine and local quarantine between towns within the State.

Interstate Quarantine : In 1797 Massachusetts passed the following act :

"The board of health of a town near to or bordering upon either of the neighbouring States may appoint, by writing, suitable persons to attend at places by which travellers may pass from infected places in other States ; who may examine such travellers as it suspects of bringing any infection dangerous to the public health, and if need be, may restrain them from travelling until licensed thereto by the board of health of the town to which they may come. A traveller coming from such infected place, who without such license travels within this State (except to return by the most direct route to the State whence he came), after he has been cautioned to depart by the persons so appointed, shall forfeit a sum not exceeding one hundred dollars."

This law, like many other good Massachusetts laws, has

been copied by other States, as Col., Maine, Mich. and N. C., and a somewhat similar law is found in Kentucky. In this act the burden of interstate quarantine is thrown upon the frontier towns of the state. In Washington also the towns alone are charged with the duties of interstate quarantine ; but in all the States mentioned, except Mass. and Wash., the State Board of Health also has authority to establish quarantine against the introduction of communicable disease.

Of course before the organization of State boards of health, it was natural that whatever interstate quarantine there was should be administered by local boards of health on the frontier just as maritime quarantine was, and is in many cases now administered by the seaport towns ; but with the organization of State boards of health it was seen that much more uniform and efficient action might be secured by this central authority.

Quite a number of the States allow the local governments within their borders to establish local quarantine, and it can be readily seen that such may conflict with the State operations, hence most of the laws provide that the State authority shall be supreme. That of New Hampshire is one of the best and is as follows :

“The power to establish quarantine in this State shall be vested in the State Board of Health, and the said board, whenever it is regarded necessary to prevent the introduction of cholera, smallpox or other epidemic diseases from another State, or from another country, and to restrict said disease if introduced, shall have the power to establish quarantine stations at such places as may be deemed necessary, and the said board shall make and enforce such quarantine rules and regulations as it may deem best for the public good, said rules and regulations to be in force when approved by the Governor of the State. (*To be continued.*)

SECALE CORNUTUM.

(*Continued from page 243, No. 8, Vol. XXI.*)

This drug is especially adapted to thin, scrawny women. The face is pale, pinched, ashy, sunken and hippocratic. The eyes are sunken too with blue rings around them. The vision is dim, and the voice is hoarse and creaky. This means a desperate condition and it is really in desperate cases that we are called on to prescribe Secale. A mistake in prescribing in such cases means a push to our patient towards his or her grave. In our capacity of physicians and healers we possess unbounded opportunity to minister to people's wants and sufferings, but we must not forget at the same time, that in us lies the power of doing an immense amount of harm to our fellow beings. The moment we relax in our effort to master our situation, we fall short of our duty and become guilty of unnecessary suffering to human beings. It behoves us, therefore, to be on constant alert and master every secret of our *Materia Medica*.

Secale is one of our great hemorrhagic friends. This hemorrhage may take place from any outlet, but it is generally from the uterus. The patient is feeble and cachectic, exhausted by a prolonged stay in tropical climates. It takes place from *atony of the uterus*, especially after miscarriage or protracted labor. The flow is black, fluid, non-coagulable and offensive. It is aggravated by the slightest motion. Our other friends in such critical moments are :—

Aletris far—Here too we meet with a *passive flooding from atony of uterus*. The uterus and ovaries are in a stage of congestion.

China—Here also atony of the uterus is a characteristic feature. The patient is debilitated by the loss of vital fluids, such as hemorrhages, excessive lactation, diarrhoea, suppuration etc. She is a dyspeptic with great deal of flatulence.

Coldness and blueness of the skin, ringing in the ears, vertigo, and vanishing of the senses are some of the important points in this remedy.

Helonias comes in very handy sometimes. The menorrhagia that we meet with in this remedy is very often caused by ulcers in the cervix. *The patient is very gloomy and depressed.*

Secale is a remedy that we are called on to prescribe, very often during labor when the pains are weak or even suppressed and the patient has fainting fits which interrupt the labor still further. *Everything seems loose and open but labor does not advance.* The labor may be delayed by a series of causes amongst which mal-position is one and even this last condition is amenable to our Homeopathic drugs. It has been proved time and again. Nothing can be more gratifying than to see the wonderful action of homœopathic medicine in such cases when our friends of the other school are preparing for an operation and getting his forceps and instruments ready.

Not very long ago I had occasion to use Secale in a case where a lady was suffering from very great after pains. I tried Gossypium, Cimicifuga and Sabina without any appreciable effect. Secale saved me from further embarrassment. Immediately after its administration a big clot came out and that was the last of her troubles. It is similarly used in cases of retained placenta where the patient complains of a strong and constant bearing down in the abdomen.

Secale is one of the few remedies that we may have to prescribe in patients who suffer from habitual abortions. It is the worst ill that can befall a pregnant woman. The treatment of abortions resolve itself into a consideration of the symptomatology as also of the etiology. It is customary to distinguish between *predisposing* and *exciting* causes of abortions. Amongst the predisposing causes may be mentioned

abnormalities in the development of the embryo, abnormalities of the placenta, infectious diseases, mal-nutrition on the part of the mother, abnormalities in the generative tract, such as displacement of the uterus, retroflexion, prolapsus etc. Syphilis in the parents is the most potent cause of abortions. Amongst exciting causes may be mentioned slight fall or over-exertion, and intense mental emotions such as anger, fright, and grief. In some women the uterus is in such a state of irritability that the slightest violence, "such as coitus, a mis-step, tripping over a carpet, or a ride over a rough road", will bring about an abortion. My reason for going in detail into the etiology of this trouble is that it will save many of us from humiliations and embarrassments. I remember with regret, how, not very long ago, I disappointed a young lady who got into a habit of losing the imperfect product of her conception precisely at the end of the third month. She had three previous miscarriages and she was so anxious to have a child. I promised to help her. I did my best but as the third month gradually drew towards its close, she complained of slight shows of blood. Gradually the hemorrhage increased and as the month closed she had her usual miscarriage.

It will be a long time before I can forget her piteous wails and cries. Such discomfitures are not very rare in the medical profession. May be she needs a long course of treatment to erase the discratia from her system. Probably I did not enquire into her constitution as I ought to. Now back to our point again, I mean the indications of Secale in miscarriage. The miscarriage generally takes place *about the third month* with copious flow of black, bad smelling liquid blood. Her fingers get crampy and *she holds them asunder*. This distresses her more than the hemorrhage. Let us consider about Viburnum op, Apis, Kali carb, Croc, Sab, Thuja, and of opium in this connection.

In *Viburnum op.* the miscarriage takes place in the *first month*. The pains are very great, almost labor like, and of extraordinary severity. This is a symptom that has been verified repeatedly. The spasmodic pains shoot from the uterus into the legs. It is a remedy that we think of when the miscarriages are very early and frequent, so that the ovum is expelled at every menstrual period, thus causing sterility. It is a remedy that ranks equally with *Arnica* and *Caulophyllum* in abortions where pain predominates.

Apis comes in for miscarriages at the *second month*. The stinging and burning pains first start in the ovaries. They get more and more severe till the labor-pains start finally ending in miscarriage. The urine is scanty. The absolute absence of thirst, and prolonged and difficult constipations are two other important symptoms.

Kali carb is another remedy where we find abortion at the *second month*. The pains are more of a stitching nature. She complains of very bad backache when walking. So she must sit down or lie. Pain predominates.

In *Croc.* we have miscarriage at the *third month*. As soon as blood flows from vulva, it forms into black stringy masses. She is of a hysteric temperament. Now she is crying, the next moment she is happy and jolly. This changibility of mood is one of the guiding symptoms of this remedy.

Sabina is another remedy where we find a similar symptom of miscarriage at the *third month*. The pain commences in the small of the back and thence extends to the pubes. It is a remedy where hemorrhage preponderates. The blood is profuse, bright red or dark, fluid and clotted.

Thuja is a remedy for those sycotic females where we find a history of habitual miscarriage at the *third month*. She is dirty with brown or brownish white spots all over her face and body. Large, seedy pedunculated warts are in great

abundance. She sweats much and the sweat is fetid. People sometimes think her to be *out of her wits*, for she gets such funny ideas into her head. Very often she is really insane. She keeps getting fixed ideas as if a strange person were at her side ; as if her soul and body were separated ; as if a living animal were crying in the abdomen. Thuja is one of our great remedies in puerperal insanity. I remember of such a case where the poor patient really believed that she was made of a brittle substance and would not let any body touch her for fear she would break.

Last of all we come to *Sepia*. Here we have the 'catastrophy during' the last month of pregnancy. The patient is very constipated and complains of a sensation of heaviness in anus as if a ball is lodged there. There is an empty gone sensation in the stomach with frequent flushes of heat, faintness and momentary attacks of blindness especially in a warm or close room. *The fetal movements are very feeble and are scarcely perceptible.* The constant pressure and bearing down, great despondency and dejection are some of the characteristic features of this drug.

I have said something about the uterine hemorrhage of this remedy. It needs only be said that there is hemorrhage from every outlet of the body ; thus we have hæmatemesis, epistaxis, hematuria, hemorrhage from the anus etc. But the one characteristic symptom to guide us in all these troubles is the *steady flow of dark, thin blood*, which prostrates the patient beyond measure. The pulse becomes thready, and the appearance turns haggard, and woe-begone. There are tingling and formication in the limbs. The great desire for fresh air, aversion to be covered, and burning are all important symptoms to be considered.

(*To be continued.*)

N. M. CHOUDHURI, M. D.

THE INDIAN HOMEOPATHIC REVIEW. .

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Collateral Sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute
medicine.— HAHNEMANN.

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TYPHOID FEVER.

During this season an unusually large number of cases of Typhoid fever or more properly speaking high fever with typhoid symptoms, appear in Calcutta and its neighbouring places. We had our share in these cases and some striking features were noticeable in the treatment of these cases. Symptomatic manifestations were also varied and peculiar in each case. Typical cases were extremely rare and enteric symptoms were almost conspicuous by their absence, only the confined state of the bowels was frequent.

Again the temperature of each patient, though very high, showed very little sign of abatement either in the morning or in the evening. Pulse and temperature ratio did not show much regularity. In many cases by placing the hand on the surface of the body no great heat was perceived, but the thermometer indicated 105 and 106 F. There was perspiration, but no coolness of skin or amelioration of the symptoms therefrom.

Pulse in many cases was almost normal and did not indicate any irregularity or compressibleness ; but general weakness

of the patient was well marked by his external appearance and general behaviour.

Brain symptoms had good many peculiarities. In some cases drowsiness was well marked and in others, complete insomnia. Restlessness and tossing about in bed in all directions. In a case of a young lady there was rotatory movements of the whole body. Complete unconsciousness was very rare. Though the patient had delirium, muttering and incoherent talks, yet, when asked to put out the tongue, it was immediately responded to and when asked about a known person who he was, very correct answer was instantly given. There was carphology and picking the bed as if gathering something there.

Tympanitic distention was noticeable in some cases but no diarrhoea; stools were either hard knots or formed fecal lumps. Tongue was generally clear, but in a few cases ulcers were seen there and even in the mouth and throat. Difficulty in deglutition was often the rule. As far as we know, almost all cases under homeopathic treatment recovered. Recovery took place rather slowly. When the temperature was normal, in many cases the brain was not quite free, there were either a few incoherent talks or apathetic conditions.

Therapeutics.

Very few medicines were brought into requisition in combating the disease in this season. Though these cases took a protracted course, the prompt action of our remedies were well marked.

Baptisia had many symptoms, but it could not give us satisfactory results. In a few cases Arnica in high potencies from two hundred and upward helped us greatly, especially in the peculiar restlessness and mental symptoms.

Arsenic and Rhustox, though apparently well indicated,

did not do much. The same may be said of Bellad. or Hyoscyamus. In one case Stramon relieved the constant talking and restlessness.

In a patient who became very weak and apathetic, with pulse small and flickering and sore mouth, Phosphoric acid and afterwards Muriatic acid did their full share of work. Arum Tri. lower had done much good in one case of this nature. It is indeed remarkable that Pyrogen so well indicated in many cases, seldom did its work. In many cases where there was so much discrepancy in pulse and temperature, so much acute pain in body, such a persistent high temperature, Pyrogen did no good.

Diet.

Where there was much feeding, there was certainly much harm. This was very well shown in this epidemic. We were obliged to curtail food in all our patients this season, because all symptoms were aggravated by giving nourishment. Barley water, sago water, fruit juices and a few spoonfuls of whey were all that we allowed. Meat in any form was out of the question ; even milk did not agree in many cases.

P. C. M.

DIET OF THE TYPHOID: *

BY H. C. ALLEN, M. D., CHICAGO.

"All roads lead to Chicago." Every physician, irrespective of the school of practice or the condition of the patient, has a favorite diet on which he relies in typhoid. The conditions and indications are essentially the same in all cases, viz, the diseased mucous membrane of the digestive tract and the ancient academic demands of the schools to "sustain

* A lecture delivered by Dr. H. C. Allen at the meeting of the I. H. A., 1901.

the strength of the patient" until the fever expends its force or runs its course. Apparently the diet of the fever patients, one of the most essential factors in a treatment, is without rule, reason or science ; although nature's indications are as clear and her demands as imperative as the law of Similars in therapeutics, or of gravitation in astronomy.

Absolute rest of digestive organs is just as necessary for safe and speedy recovery in continued fever as it is in iritis, in a surgical wound or in a broken bone. If food can neither be digested nor assimilated, enforced feeding is very unwise, to use no stronger term. No fever patient will starve for want of food that cannot be appropriated.

Nature endeavours to make this plain. She points to heavy coated and dry, parched tongue, the complete revulsion at the sight or even smell of food, the rapid pulse and rise of temperature after eating, with entire loss of appetite, as a protest against the custom which is worse than useless ; in fact it may be the straw that over-powers the vital force and hastens what we are trying to prevent, a fatal issue. We do not compel the inflamed eye to perform its duties, when light, its normal pabulum, only irritates the organ ; we order a dark room and absolute rest. Then why force the sensitive and inflamed glandular structure of the digestive tract to work when it is incapable of performing its functions, or whenever a partial attempt may produce severe irritation or a fatal hemorrhage ? Pure water *ad libitum* is the best and the safest diet for the fever patient, until the tongue is clean, the appetite—nature's call for food—returns and the pulse and temperature are nearly normal. The best results are generally obtained by hot water if it can be taken ; if lukewarm, it often nauseates. Cracked ice or melted ice is injurious, and if cold water is given to the patient, it should be cooled by ice around the outside of the vessel. Ice water

should not be used internally or externally in typhoid, typhus or yellow fever. This diet may and sometime does become monotonous, when it may be varied to suit the taste of the patient by adding the juice of orange, grape, raspberry, strawberry, water melon, currant &c., but no lemon or vinegar. As the tongue cleans and appetite returns, rice water, unseasoned dried apple water, or toast water may be allowed. Stale bread well toasted should be put into boiling water while hot and allowed to cool in an earthen vessel. Barley, cracked wheat, or oatmeal gruel well cooked, may be allowed later. The late Dr. Woodruff of Detroit fed his fever patients on codfish water. The so-called extract or essence of beef is an abomination, contains no nourishment for the typhoid patient, is always injurious and harmful, and in typhus and yellow fever often fatal. Alcoholic stimulants are rarely advisable, although Hering recommends pure American or Hungarian wine during convalescence, but prohibits port. It is a better and safer practice, however, to correct abnormal hunger or a total want of appetite by the indicated medicine rather than diet or stimulants.

****** We are quite at one with Dr. Allen with regard to what he said about the diet in typhoid fever. In this country stimulants and stimutating foods are out of the question. Whenever these are administered, they undoubtedly produce grave and fatal aggravation and tend to prolong the course of the disease. Allopaths are always guilty of these malpractices, but the better-minded of them now after observing their evil effects have abandoned them entirely.—Editor.

HOMŒOPATHIC THERAPEUTICS*

By RICHARD BLACKMORE, M.D.

Upon our shelves rest voluminous works upon materia medica by such men as Kent, Lippe, Farrington, Dunham and a dozen others ; why then should *I* say anything about *that* subject ? On the other hand the laws underlying the application of the remedies are more apt to be honored in the breach than in the observance ; while homeopathic philosophy—that philosophy which has for its foundation Hahnemann's "Organon"—is still less understood. How best to find a remedy, and having found it, how best to administer it, are questions which appeal more strongly to me than mere didactic observations upon the materia medica. To these questions then I shall address myself.

Factors of the Prescription.—Three essential factors enter into all questions of a good homeopathic prescription. They have been formulated by the elder Farrington thus :—

1. The law of similars.
2. The treatment of the patient and not the patient's disease.
3. Recognition of the three chronic miasms.

The Law of Similars.—The law of similars enunciated by Hahnemann is "Similia similibus curantur ;" a sentence easily translated by any high school student, but containing a truth which many physicians are unwilling to accept in its entirety ; perhaps because before its acceptance, a peculiar knowledge of our materia medica and the methods used in its compilation, is of the highest importance. Still, for over one hundred years the law has been repeatedly and abundantly verified.

It is important to note that in para. 118 of the "Organon" these words occur : "Each drug manifests particular effects on the human body, and *no other* drug will produce effects of exactly the same kind."

Careful study of this paragraph leads to criticism of a habit

* Read before the Connecticut Homeopathic Medical Society.

into which many have fallen, and seems to allow the addition of a fourth factor to Farrington's three, viz : The use of the single remedy.

One should never forget that each plant, mineral, metal, etc., in producing symptoms upon the human body, always acts differently from its fellows in some point or points, part or parts. Aconite in sufficient dose kills with a train of symptoms always the same. Belladonna in sufficient dose may also kill, but its road to death is not identical with, nor even similar to, aconite. There is therefore no valid reason for giving these in alternation in a given case. If one of them be right, the other must of necessity be wrong. This mistake—or an analogous one—is often made in prescribing.

The Unprejudiced Mind.—On seeing a case for the first time the physician's mind should be well poised, as upon the first prescription depends much. This is the place for accuracy.

Several causes tend to detract from the serenity of mind and singleness of purpose so much to be desired. The family are anxious to know what the matter is ; custom throws its incubus around us ; pathologists have dinned abnormality of this, that, or the other organ into our ears, until it has come to be felt that before we leave the bedside a diagnosis must be reached. This mental attitude has a baneful influence in that it tends to obscure one's intellect, and cause it to stray from the really needful thing—the selection of the remedy—the *similibus*, that by which the cure shall be accomplished. The *similia* is there in the patient. We see it in his habitus, facies, expression, complexion, etc., and in the other objective signs observed, and in the subjective symptoms brought to our attention ; but the *similibus* is not always so apparent, and hence our materia medica and its application become of importance, because upon one's understanding of it depends the choice of the remedy, a pre-requisite of the choice being that the picture, the genus, the whole concept of the medicine, must correspond to the picture, the genus, the whole concept of the disordered condition.

All pictures are not alike. Two marine views may have each a rough sea, a rocky lee-shore, and a distressed vessel. One vessel, however, may be dismasted, rudderless and in need of different and more urgent aid than the other which has yet steerage-way and the ability to use it. So is it in disease pictures ; each differs from the other in some particular, and our mistakes are apt to come in differentiating, or disregarding, these finer points.

Objections to Symptoms of Finer Grade—It has been charged that our materia medica is overloaded with unimportant symptoms ; that the word “proving” is wrong, and “testing” should be used instead ; that in practice one does not meet with the mental symptoms which some writers and prescribers value so highly ; that the opinions of otherwise responsible men are visionary and unworthy of credence ; and a host of other excuses for failure to study properly our therapeutic laws, forgetting that scoffing, ridiculing, or failing to believe in any theory never yet disproved that for which the contention was made. “The wise listen most readily to those whose habits of thought are most alien from their own, knowing that thus they may chance to catch a glimpse of some new aspect of truth, instead of seeing once more the mere reflection of the aspect already familiar.”

Of one great fact we may be certain ; the finis in scientific knowledge has not been written. The chemist’s atom is no longer the limit of divisibility. Shortly the ion shall have become relatively ponderous. So in *our* science there are many things which are intangible, incapable of physical demonstration, but of the highest importance in considering the patient, and metaphysics becomes of importance, since, metaphysical origins play so large a part in so-called physical states.

Throughout all nature there are correspondences, correspondences of kind, nature and degree, and to the metaphysical mind, these become clear when considering the patient on the one hand, and the medicine on the other. Hahnemann had these qualities largely developed, and science is today busy proving laws enunciated by him long ago.

Taking the Case.—In order that the appropriate remedy may be found accurately, the case must be well taken, and directions for this are given in the "Organon" para. 80 et seq., and it is a matter of experience that the difficulty in finding the remedy *decreases* with one's increasing ability to take the case properly, and this serves to introduce the second of the essentials.

The Treatment of the Patient, and not of his disease—In this it is of importance so to train our minds that if we have been obliged to make a diagnosis, it becomes possible to lay it aside in some of our unoccupied brain cells, and not permit it to influence our choice of a remedy.

I am not to be misconstrued as belittling a diagnosis ; it is necessary for statistical and prognostic purposes (*en passant* let me say, that a carefully chosen remedy by its action or inaction will do much in the way of a prognosis for us), but we *are* to avoid allowing the name of the disease to cloud our choice of the remedy.

In order to make my meaning clear, let me cite two cases :—

A. Soreness of the throat and tonsils beginning on the right side, relieved by swallowing warm drinks, though there is distaste for food. Thick, yellowish-white membrane on pharyngeal walls and pillars, began and is worse on the right side, and spread thence to the left side ; is very tough and adherent.

Lycopodium cured. Within twenty-four hours the throat was clean, the positive bacteriological test being changed to a negative report.

B. Attacked with chills which began at 11 o'clock ^{a.} m., and continued until 2 o'clock p. m. Preceded by stretching and yawning. Great thirst, but drinking causes nausea. "Know the chill is coming because I am so thirsty." Pyrexia not characteristic.

Sweat severe with relief of all symptoms except a violent headache.

Severe pains in all parts of the body as of the bones. *Eupatorium* perf. one dose cured with no return.

In each of these dissimilar cases a mere diagnosis was easy, but the choice of the remedy was not influenced thereby, else

one would have received certain thousands of units of antitoxin, and the other quinine. The symptoms of the patient decided the choice, and the result in each instance was happy.

A young girl came to me soon after my emergence from school with an eruption on the face confined very largely to the chin and angle of the mouth on the right side. I decided to give *cicuta virosa* which cured. On discussing this case later with a colleague, the comment was made that for *cicuta* to have been helpful, there should have been concomitant nervous phenomena; and that, ordinarily, one would not think of *cicuta* for such a case. There is an important point:—"One would not ordinarily think." As specialists in therapeutics we *must* think. In this instance the choice was directed by repertorial study and comparison, and cured.

Individualization.—In studying a case, any case, the generals must be noted, and from them we must pass to the particulars—what is predicated of the patient himself.

We note that one is chilly, he must be near the fire, but such a course increases the headache for which he desires cold and cool applications. Now it is not enough to say that this patient's general condition is relieved by heat, which is undoubtedly true; further study shows a peculiarity in his condition for his headache is relieved by cold. The general relief from heat is common. The condition which calls for heat in the bodily complaints, and cold for the head is uncommon and suggests *arsenicum*. This oppositeness of conditions suggests also an underlying chronic constitutional difficulty, which introduces the third point.

The Chronic Miasms.—*Psora*, *syphilis*, and *sycosis*. Truly a hydra-headed monster.

A study of these lends a new interest to obstetrical practice for upon the obstetrician rests a large share of the duty of gradually restoring the human race to its pristine perfection, freed from disease taint.

How often we see children ushered into this world who are simply crying for a deep-acting constitutional remedy. Too often

the physician contents himself with such an examination as shall enable him to pronounce upon the integrity or otherwise of the external genitals, the anus, eyes, stump of the cord, etc. It is my firm belief he should go further, and by an occasional dose of the appropriate remedy, seek to remove a psoric, syphilitic or a sycotic taint.

His knowledge of the miasms should be continually reviewed, the appropriate medicines, including the nosodes, constantly gone over ; and, as Dr. Stuart Close says, "he will have an abundant harvest in seeing a generation of fine, sturdy children grow up around him, whose passage through the ills of childhood will be made wonderfully easy in comparison with others not so well cared for in this respect."

Dr. Holmes said that in order to make a boy a gentleman it was necessary to begin with his grandfather. So in building constitutions. Begin early and be not discouraged should you find one life insufficient in which to do all you wish. Others will take up the task when you shall be obliged to lay it down.

The Miasms in Gynecology.—I want to enter a plea for the invasion of the gynecological field by this miasmatic teaching. At meetings devoted to such matters one hears much of surgery, and but little of materia medica. There is an eager search for some material cause the removal of which shall correct the difficulty ; not mind you, cure the patient. It is not all that is necessary, nor indeed of first importance, to remove forcibly uterine adnexa. Let us take our cases a bit more carefully ; the generals, then the particulars and the peculiar symptoms predicated of the patient together with the miasmatic history, use a good repertory and time for study. Then we shall find many of our physical examinations unnecessary ; the carefully chosen remedy carrying the case on to recovery, and our patients giving to their daughters a cleaner heritage with an increased ability to perform the natural physiological functions of the body without pain, discomfort or annoyance, while we shall be better fitted as physicians, true healers of the sick, and ever more and more worthy disciples of our great Master.

Application.—Some time has been consumed in outlining what are conceived to be the essentials necessary in a good homeopathic prescription. How shall they be applied? Fortunately there are well-trodden paths blazed by able men, and furnished with numerous guide-posts, but their consideration involves a study of homeopathic philosophy which was not in the curriculum of my college, nor is it in that of any other in the country, (save one), to my knowledge, and time here is too short to more than indicate its importance.

A glance at an epitome of homeopathic philosophy will indicate the extent of the study :—

The injunctions, for prompt, mild and permanent cure.

The precautions, to know what is curable in disease, what is curative in drugs, the proper application of the second to the first; which includes the chronic miasms, psora, syphilis and sycosis. The proper direction of symptoms, from within outward, and from above downward, and in the reverse order of their appearance. The homeopathic prescription, single remedy, similar remedy, minimum dose. The parallels of vital force, disease cause, curative influence. The similar remedy, in symptoms, nature and in degree.

Over against this epitome are placed the common mistakes into which one is apt to fall :—

To suppose the recommended dose is too small to cure. Too early repetition of the dose. Laziness, laxity and levity in taking and keeping records.

Use of a Repertory.—To the making of an intelligent prescription a repertory is necessary. One may hardly carry the complex materia medica in his mind. Even in acute diseases a sort of mental differentiation goes on often amounting to a repertorial study; but in chronic or mismanaged cases reference to some index is obligatory, and probably no one thing in the practice and armamentarium of the strict homeopathic physician has been more misunderstood than the repertory. The many objections to its use are familiar to you all, they having been heard many times. My objection to its use by many is the desire to find a

short cut to the remedy. The short cuts in repertorial study are pitfalls into which the unwary fall, breathing anathema against all the repertories ever written. Short cuts are for the expert, not for the tyro.

Taking the Case.—In the "Organon" para. 104, we are told that "when all of the characteristic and predominant symptoms, collectively forming an image of a chronic or of any other disease have been carefully committed to writing, the most difficult part of the labor shall have been accomplished."

Classification of Symptoms.—These symptoms fall into two classes and following the "Organon" in para. 153, we learn to distinguish between—

- (a) "The prominent uncommon and peculiar symptoms," and
- (b) "The more general and indefinite, * * * common to every disease."

And these must be arranged in the order of their relative importance, and this is found to be :—

1. Those symptoms relating to the innermost man. His loves, cravings, desires, aversions, etc.

2. Those symptoms affecting his intellectuality.

3. Memory disturbances, but these are usually a long list and are really mental generals and need further particularization.

4. Physical generals predicated of the man's body as a whole and are divisible into three classes :—

(a) A warm patient.

(b) A cold patient.

(c) General aggravations and ameliorations of the patient himself as distinguished from the aggravations and ameliorations of any part of him.

5. Particulars, the symptoms of, or relating to, a part.

Mental Symptoms.—"Hahnemann emphasized the symptoms of the mind, hence we see how clearly the Master comprehended the direction of symptoms ; the interior first, the mind ; the exterior last, the physical or bodily symptoms."—(*Kent.*)

To consider the bodily symptoms first seems to reverse the

logic of this course, which in this materialistic age may seem chimerical, but if we eliminate accident or injury, and recognize the true origin of disease, it will appear in a new light. The patient as a whole is to be considered, not the particular disease from which he may be suffering, and he is first made sick in his inmost being, from within outward.

Man's Inmost Self.—What is the inmost man? Here we tap a great philosophic question. If the collection of substances moulded into varying shapes and performing varying functions is the *man*, the *Ego*, the bottom drops out of philosophy, religion, ethics and morality.

This by way of calling attention to something which antedates the bacteriologist's favorite germ. May we not go back of that? A tropical palm will not grow in the inhospitable climate of Labrador; neither will the *B. tuberculosis* grow in an inhospitable soil. Nature does not make two sets of laws.

In beginning the repertorial study of a case, begin then with those symptoms which denote the disorder of the inmost of the patient; and here let me remark that this is done often involuntarily. Suppose, for example, in any given condition brought to our notice a cursory glance suggests two or three remedies, one or more is rejected because of the mildness or turbulence of the condition, because of the tranquillity or belligerence of the patient, and the rejection is well founded. Even superficial prescribers do as much as that, why not then carry the idea to its logical conclusion?

Choosing a Study Point.—The results of disease are a poor startingpoint, because the symptoms are not "uncommon, particular, and peculiar." One's rheumatic arm is aggravated by motion, so is anybody's sore arm. If the patient desires to be constantly on the move, but must keep the arm in a sling lest it be made worse by motion, a different outlook is had upon the case.

Perhaps you will bear with me while I relate one of my mistakes. A woman came to me suffering from excruciating pain in the head which dated more or less definitely from an accident,

and her logical conclusion was that the injury was the cause of the headache. Foolishly and without proper study I gave arnica which was absolutely inefficient ; so I took the case carefully as follows :—

Head : Pain, severe, shrieks from its intensity, occipital, onset always at ten o'clock p. m., aggravated by chill, drafts, combing the hair, exercising the mind, relieved by pressure, heat, while physically engaged, sitting up. Constitutionally cold. Hair falls out easily, sensation of crawlings under scalp, eruption of small boils on forehead when hurt. Profuse hot perspiration on hands. Thirst for large quantities of cool water. Aversion to strangers, wants to be alone. Fear of falling, of going down stairs, or in an elevator.

In studying this case, I began with the mental symptoms, and had but four remedies to consider, borax, gelsemium, sanicula and chamomilla. Gelsemium was chosen, a single dose given, and the headache cured.

You will note that arnica given at first was inefficient, and yet a certain rule was followed, which would tend to show that such rules are poor guides unless the symptoms agree. In this case there was no sensation of being bruised all over, nor of the bed being hard, nor fear of people approaching her ; therefore the arnica was a mistake. In prescribing for people coming to us from allopathic hands we are apt to give nux vomica, but if one turns to the text he will find this same qualifying clause, "if the symptoms agree," therefore the symptoms, not the disorder, are to be the guide.

Objections to Repertories.—An important objection to repertories by conscientious men is that it is a mere symptom matching contest between medicines, and therefore mechanical. Now such an objection would be just, if true, but all the repertory-users I ever saw turned finally to the court of last resort, and that is the *materia medica*, and an authoritative work at that, such as the "Guiding Symptoms" for example.

In the case just mentioned my memory of borax led me to

judge it unsuitable, still it was read through ; sanicula also was read through only to prove its inadequacy ; chamomilla in like manner was reviewed. In fact gelsemium was the only one in which the genus, the picture, the whole concept of the remedy corresponded to the genus, the picture, the whole concept of the patient, and of course it helped, and that right speedily.

Conclusion.—So far, I have barely touched, barely scratched the surface of the subject, but time presses and I fear to overstep your patience. I want to close with an earnest appeal for stronger unity on the part of homeopaths, a stronger manifestation of tolerance and co-operation in, and fidelity to Hahnemannian laws.

At this time a spirit of unity and friendliness and a working towards universal brotherhood is abroad among individuals, families, nations and races. Let us get together under our old banner of pure homœopathy, and demonstrate that it is, in very truth, designed for "the healing of the nations."

—*The North American Journal of Homeopathy.*

QUARANTINE.

(*Continued from page 283, No. 9, Vol. XXI.*)

Some of the State laws also deal directly with the details of inland quarantine, and as maritime laws require masters of vessels to report cases of communicable disease, so the Colorado statute requires train conductors to do the same and to hold their trains subject to the State board of health.

A similar law in regard to holding trains is found in Maine. In Alabama and some other States it is forbidden to bring in communicable disease, and in North Carolina common carriers which bring in such cases must take them out.

Florida and Mississippi have a very elaborate set of rules including those approved by a conference of health authorities held in Atlanta, April 12, 1898.

With the development of the idea of Federal control of interstate commerce, and the conferring of quarantine powers upon the Marine Hospital service, a new factor appeared. By the Act of Congress of February 15, 1893, the Secretary of the Treasury was authorized to make rules for preventing the spread of communicable disease from State to State, and on September, 27, 1894, such rules were promulgated, and are to be enforced by the Marine Hospital service. These rules relate to cholera, yellow fever, typhus fever, leprosy and plague. All outbreaks of these diseases are to be reported to supervising surgeon general, Marine Hospital service. The rules are mostly ordinary rules in regard to isolation and disinfection, but a few have to do more directly with commerce.

In the Northern States there is rarely felt to be any need of inland quarantine, but occasionally such quarantines are maintained. Thus in 1885, during the small-pox outbreak in Montreal, several States, including Michigan and New Hampshire, and a number of cities, quarantined passenger trains from Canada. The United States Marine Hospital service co-operated. The nearest and closest connection between Montreal and the United States is with New England. As soon as the States became alarmed at the amount of small-pox in Montreal, a conference was held with the Canadian authorities and with the railroads, and it was decided that all trains to the States should be stopped at the border and passengers and baggage transferred. The Marine Hospital service established an inspection at this point and also a disinfecting plant. The state board of health of New Hampshire, not being satisfied with the federal service, put on its own inspectors, who boarded every train entering the state from Canada. A special form of ticket was given to each passenger, which, being punched by the inspector in a

previously arranged manner, would show at a glance to one familiar with the code, if the passenger had come from Montreal, if he had checked baggage, and if he had been recently vaccinated. The ticket was then signed by the inspector and given to the person inspected, who, not knowing the significance of the punches, regarded the same as a clean bill of health. The health officers on the look out for such persons demanded the inspection ticket at their point of destination, and treated the passenger accordingly.

Local Quarantine.

In a large number of states the local board of health of the town or county is authorized to establish quarantine and often to make rules and regulations regarding it.

As to the value of precautionary measures I will relate the following incident : In the fall of 1907, on a Wednesday, I received a telegram from the health officer of Syracuse, N. Y., to be on the look out for a package addressed to Mrs. Blank ; a letter from him later explained that a man, who was doing a mail order business of children's and babies' articles of wearing apparel, under the name of Madam X, had mailed such a package to my town the preceding Saturday. At the time of mailing, Madam X—as we will call him—was well broken out with small-pox, and the next day (Sunday) he was discovered and taken to the isolation hospital. In the meantime, after watching the P. O. and the express offices carefully, I discovered that the package had arrived on Tuesday (one day ahead of the telegram), and been delivered through the P. O. by carrier to a party in a neighbouring town. I at once notified the health officer of that town, who visited the party, destroyed the contents of the package—which had been opened and the articles distributed in bureau drawers—disinfected the bureau, etc., and caused the parties who had

handled the articles to be vaccinated. On my part, I thoroughly fumigated the P. O., mail bags, etc., and vaccinated the cores of clerks.

About two weeks afterwards I read in the paper that in a certain county of New York State—the one in which Syracuse is located—there were over one hundred cases of small-pox, and as none developed among us, I felt as if our precautionary measures had in some degree been effective.

How widespread the seed was sown, I have no means of knowing, but if Madam X—who advertised extensively—did much of a business, it must have kept the health officer of Syracuse busy for one while sending telegrams and explanatory letters and been quite a bill of expense to the city, but it was a kind and brotherly act on his part, and one greatly appreciated by me and those of my bailiwick who were in the secret.

I suppose that local quarantine in protecting neighbor from neighbor, is what most vitally concerns us as health officers, and is most interesting, and what we most wish to gain information about—how to make it effective.

In my own State—Connecticut—the law requires that cases of scarlet fever, small pox, diphtheria membranous croup, typhus fever, cholera and primary cases of measles shall be quarantined as the health officer may direct, and a minimum number of days specified for quarantine of each.

Typhus fever, cholera and leprosy we are required to report at once to the state board of health, which I suppose would at once assume charge of the quarantine, but I have had no experience with those diseases. With small-pox I have had no experience—otherwise than related as above—but should I have, I should carry out complete isolation, to the extent of a shot gun quarantine if necessary, knowing that

public opinion and fear would back me up in incurring the necessary expense.

Typhoid fever we placard for and disinfect after recovery or death. Tuberculosis we simply record and keep track of, in case the attending physician sees that the precautionary measures, as directed and printed by the state board of health, are carried out, otherwise the health officer is empowered to instruct the patient and family as to the proper sanitary measures and to see that they are carried out. After death or removal of the patient the apartment is disinfected.

In the quarantine against the most common contagious or infectious diseases, I direct that the patient be isolated in a room as far removed from the living apartments as possible, the nurse to share such isolation until quarantine is removed, the doorway of the sick room to have a sheet hung over it wet with disinfectants, and the nurse, on going out for exercise, to leave her gown and cap in the sick room and outside the room disinfect her other clothing, hair, hands etc. All food is to be brought up and left outside the room for the nurse to get, and the dishes are to be disinfected before being taken down to be washed and all remnants of food to be destroyed, the dishes to be thoroughly washed by themselves in boiling water and kept for the use of the patient alone.

If the house is so arranged that the head of the family can be kept from all contact with the sick room, I allow him to attend to his business, cautioning him about his clothing, having him don his business suit in the cellar or an out shed, and about coming in contact with outside children or any one else, as little as possible. If the house is not so arranged, I fumigate his clothing and send him out to board until the quarantine is raised, if he so wishes, otherwise he has to share the quarantine with the rest of the family. All other children

are, of course, kept from school and church, and cautioned to remain at home and in the fresh air as much as possible, and away from other people, and the same directions apply to the other members of the family.

These conditions may sound ideal for the prevention of the spread of disease, but it is hard to carry them out in all details. When I am the attending physician to the patient, as well as being the health officer, I find it much easier to see that my directions are carried out, but even so not being able to be present all the time, I have found that darkness sometimes gives license to a mild breaking of quarantine, which is not discovered until too long afterwards to render prosecution by legal methods of avail.

These cases of the common contagious and infectious diseases are too numerous to render the expense of constables to constantly watch night and day acceptable to our town treasurers, and we have to do the best that we can with the means at our command. I find one good ally, however, Madam Dame Gossip. The large white card on the house with the name of the disease, accompanied by the yellow quarantine card, gives notice to all who may pass and read of the trouble within, and if the quarantined family do not live up to the law, the neighbors, in a spirit of self-protection to themselves, soon start the dame, mentioned above, going my way, when I investigate, and if cause is found I read the "Riot Act" to the guilty parties, threatening them with legal prosecution by the county health officer ; once is generally enough, and I have never had to have such a party prosecuted. The threat of touching the pocket book with a fine seems to be the universal vital spot of all.

By these means—and the latter part is the exception rather than the rule—I have been enabled to maintain a fairly successful quarantine, judging from the results attained,

namely, but few new cases, if any, of a contagious or infectious disease, traceable to a house under quarantine.

I present these facts, gathered from several sources, for your consideration, hoping that the discussion may bring forth some points, which will be of benefit to the writer, as he hopes these may interest and benefit you.

—*The Journal of the American Institute of Homeopathy.*

SECALE CORNUTUM.

(*Continued from page 288, No. 9, Vol. XXI.*)

Secale has very important gastro-enteric symptoms. It produces violent diarrhœa. The stools are watery, offensive, yellowish or greenish, gushing, sometimes involuntary. In the abdomen we have flatulence with great deal of rumbling. The pain in the lower belly is sometimes so great as to force our poor patient to lie down in bed all huddled up like a bundle. The thirst is unquenchable. He wants cold refreshing drinks, such as lemonade, ice water etc. It is especially useful in those *long interminable summer diarrhœas in scrofulous children which resist everything.* As a consequence the child turns weak and emaciated.

Neglected, these cases turn into cholera with all the symptoms of that dread disease. It is more often indicated towards the latter part of the disease, I mean the stage of *collapse.* The vomiting is generally over at this stage or if present, it is painless, without effort and followed by great weakness. *The whole body is icy cold but the extremities are more so.* And instead of this superficial coldness the patient complains of a *great heat and burning inside.* Heat makes him decidedly worse, consequently he shows a great aversion to being covered. Finding him so cold and clammy, perhaps a fond relative of the patient puts a

blanket or a sheet over him. He throws it away impatiently and irritably.

Herein it differs very much from *Arsenic*. This patient equally cold and clammy wants to be warmly wrapped up. He is more restless, more anxious and more prostrated. The stomach is very irritable, for the least water he drinks he vomits up. Arsenic also lacks the tingling which is almost always present in Secale.

Another similar remedy is *Carbo veg*. Very often it is the last remedy. We cannot imagine a condition more critical. The patient scarcely seems to live. His nose, cheeks, and finger tips are icy cold, his respiration is weak and labored; his very breath is cold to show that the fire of life is pretty nearly extinct. His voice is very hoarse or totally lost. At this critical juncture there may come on hemorrhage from every outlet of the body, even from the anus and the stools that he passes are bloody.

Secale is a remedy called for in all types of fevers with a tendency to typhoid and typhus. The three stages of chill, heat and sweat are very prominent.

It is ushered in with violent shaking chills. The body feels intensely cold to touch, particularly the face and the extremities. The thirst is unquenchable. The lips are bluish and the tongue deathly pale.

Camph, Meny, Nux, Phos and Verat are all noted for great chills and icy coldness of limbs. We will discuss them here in detail. Nothing seems to me to be more difficult than to treat cases of fevers with success. The common belief that homeopathy is incapable to cope with ague arises from the fact that the homeopathic physicians do not take the care and precaution they should in prescribing in such cases. I have seen cures that seemed to me almost miraculous. Cases where hundreds of grains of quinine failed, responded to a

single dose of Ipec, Sabad, Nat. mur. or any other remedy that was indicated.

In *Camph.* the chill is long-lasting and very severe. The body is cold and blue and the face is pale and death-like. There is no thirst.

Menyanthes is a remedy where also, the chill preponderates.* The lower limbs from the feet to the knees feel icy cold as if they were emersed in ice-cold water for a long time. This icy coldness also extends to the hands and abdomen, but the rest of the body retains its warmth.

Nux vom. is another that deserves to be placed in the head of the list of our cold remedies. The patient, a nervous dyspeptic, burdened with care and worry, spoilt by too little physical and too much mental exercise, gets his chill early in the morning between 6 and 7 A. M. The chill is violent, shaking and long-lasting. He does not seem to get rid of this chilliness at all, for even during the stages of heat and sweat he feels it on the slightest movement and he wants to be covered all the time. So great indeed is the chill that his hands, face and finger tips turn blue from it.

In *Phos.* the chilliness begins in the evening and it is just as marked as in the previous remedies. The coldness of the knees in bed at night is just as oppressive as in *Carbo. Vegetabilis*.

Verat. alb is the last remedy that we will talk about just now. The patient complains of great internal chilliness running through the entire body and this is aggravated by drinking water. His very bones seem to shiver from the effect of this chilliness. His skin is cold and clammy. The best indication for this remedy is the presence of cold sweat on a cold collapsed forehead and great prostration and rapid sinking.

SULPHURIC ACID.

[*Neuralgia, Sterility, Hemorrhage, Purpura hemorrhagica, Typhoid fever, Trauma, Dyspepsia, Painter's colic, Enlargement of liver and spleen, Diarrhœa, Aphthous stomatitis, Diphtheria, Marasmus, Hemorrhoids, Acidity, Alcoholism, Chafing, Constipation, Diabetes, Gangrene, Hiccough, Impotence, Sickness during pregnancy, Nightmare, Asthma, Menorrhagia, Metrorrhagia, etc.*]

Sulphuric acid is used very extensively in the arts and manufactures and cases of poisoning by it are very common. There is violent burning and pain extending through the throat and gullet to the stomach. This is followed by retching and vomiting and the vomited matter contains particles of mucous membrane from the gullet and stomach and in severe cases portions of muscular structures, for it has been known to cause gangrene of the stomach.* The mouth is excoriated and its lining membrane and the tongue look as if smeared with white paint. The stomach gets so irritable that whatever is swallowed is immediately vomited.

It is a remedy that the ancients used as gurgles (in dilution) for a series of complaints, such as aphthæ, ulceration of the gums, venereal ulcers, diphtheria etc. Hahnemann proved it and placed it on a scientific basis. The symptom that first comes to my mind on hearing of Sulphuric acid is the great *acidity* which it causes when taken in the healthy condition of our system and consequently to which it is curative. *The eructations are sour and the acidity is so great that it sets the teeth on edge.*

We all remember the sweet days of our childhood, and the raw mangoes from the wayside trees, and the salt, and the setting of the teeth on edge. Our Sulphuric acid patient feels exactly this latter sensation without having partaken of

that childhood dainty. The other similar remedies are Calc carb, Digit, Lycop, Iris and Rob.

(*To be continued.*)

N. M. CHOUDHURI, M. D.

ÆSCULUS HIPPOCOSTIM.

There are many useful symptoms on the rectum, back and uterine region of Æsculus. It is always known as a great hemorrhoidal remedy. There is bleeding from piles but it is not very copious. It may be useful in constipation as well as in diarrhœa. The following symptoms are characteristic. Great pain and much burning in rectum and anus, soreness in anus ; sensation of sticks in rectum, worse during sleep and when lying down and from heat. Better by exercise and cold air.

Backache : constant dull pain low down across the sacrum and hips.

Sensation of fullness in the affected parts.

Fullness in the lower part of abdomen before and during menstruation.

A sensation that the uterus is engorged.

Headache in the back of the head.

Fullness and pressure felt in the rectum.

Clinical Cases.

I.

Srimati B., aged 35, strong and well built, no children born, suffered off and on from bleeding piles. Fullness and heaviness in anus, dragging sensation in uterine region, especially during menses. Menstrual flow was copious and

prolonged. Generally constipated, hard small balls, passed with great effort.

Mind quiet and easy, seldom got irritated. A homeopathic doctor made use of Sulph, Nux vom., and Sepia low potencies for the cure of this patient. She came to me on the 10th of February, 1904.

I gave her *Æsculus* 6x, morning and evening.

In three days' time she improved so much that she did not care to be treated any more. In fact her bleeding stopped and bowels became regular.

On the 19th of May her husband came and took me to her. She had much to complain about her uterine troubles. She felt dragging sensation in uterine region. She told me that there was actually protrusion of the organ and some bleeding. No leucorrhœa. Bowels regular now.

Æsculus 30 twice daily cured her in a week's time. No more troubles either in the uterus or in the rectum.

II.

An elderly gentleman of 63 years of age, fat and flabby, came under my treatment for constipation and other complaints of the rectum. He had been a martyr to dyspepsia and was in the habit of taking all kinds of medicines homeopathic included.

Mind timid and suspicious, no confidence in any physician in Calcutta where he always resided. He always complained that he had no sufficient stools; though the stools were soft, great effort was required to expel them; sometimes he applied his fingers to drag them out. No inclination for stools. For all these he used to take Nux v. low and 200, sulphur 200 and some other remedies. Much flatulence, heaviness of stomach, no appetite, one meal a day is quite sufficient, very light meal in the evening.

Very recently he travelled by rail a good deal and on

coming to his destination complained much for obstinate constipation. I was residing there at the time. So he came to me complaining very bitterly.

* No stools for the last three days. Sensation as if a large ball was coming down, but all efforts to expel it was fruitless. Douche and fingering had no effect. Great straining—almost continuous. Mind dejected, much thirst but no appetite for food. Sore and burning pain in the rectum and anus.

Alumina 200, one dose, dry on the tongue.

Some relief of pain and some black semi-solid stools were extracted by finger, some relief of mental state. Placebo two doses.

The dragging sensation and constant tenesmus troubled him very much. Merc sol. 30 two doses night and morning relieved him somewhat. Sore feeling and dragging sensation gave him a great deal of pain and he could not sleep at night.

Æsculus hip. 30 morning and evening. Next day I met him in the street and he looked happy. All the complaints were gone, only the stools were not sufficient in quantity. I could not see him for two days when I learned that an allopathic doctor was called and he scouped out some fecal matter to the satisfaction of the patient. He was now much better and wanted some more medicine.

NOTES.

Benzoic acid is a neglected remedy. It has rather a wide range of action. It corresponds to nutritive disorders of various kinds from slight impairment of function to emaciation, cachexia and decay. Horribly offensive urine is very characteristic of this remedy. Diarrhœa of fetid stools thin and watery. Aggravation of diarrhœa from 5 to 7 p. m., bleeding gums.

Lyssin or Hydrophobinum is an important remedy in hydrophobia and some other affections with characteristic

symptoms. Lyssin patients are irritable, nervous, fearful and full of imaginations. Its key note is aggravation from water. The patient is thrown into convulsion or spasm by the sight or sound of water poured. Dr. B. L. Bhaduri cured a case of Dysentery with these symptoms.

GYNECOLOGY.

(Continued from page 276, No. 9, Vol. XXI.)

The medicines which are most commonly used for the female genital organs are the following :—

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| (1) Actea Racemosa. | (26) Hedroma. |
| (2) Aletris Farinosa. | (27) Helonias. |
| (3) Aloes. | (28) Hydrocotyle. |
| (4) Ambra grisea. | (26) Inula. |
| (5) Ammonium muriaticum. | (30) Kali ferrocyan. |
| (6) Antimonium crud. | (31) Kreasote. |
| (7) Apis mellifica. | (32) Lachesis. |
| (8) Argentum metallicum. | (33) Lilium tigrinum. |
| (9) Argentum nitricum. | (34) Mitchella. |
| (10) Arnica. | (35) Murex. |
| (11) Aurum met. | (36) Natrum carb. |
| (12) Belladonna. | (37) Natrum hypochlorosum. |
| (13) Barberes. | (38) Natrum mur. |
| (14) Bryonia. | (39) Nux vomica. |
| (15) Calc carb. | (40) Palladium. |
| (16) Calc Phos. | (41) Platina. |
| (17) Cantharis. | (42) Podophyllum. |
| (18) Carbo veg. | (43) Pulsatilla. |
| (19) Carbo animalis. | (44) Secale. |
| (20) Caulophyllum. | (45) Senecis. |
| (21) Cyclamen. | (46) Sepia. |
| (22) Ferrum. | (47) Stannum. |
| (23) Ferrum Iod. | (48) Sulphur. |
| (24) Gelsemium. | (46) Thuja. |
| (25) Graphites. | (50) Ustilago. |

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|-------------------------|--------------------|
| (51) Vespa. | (56) Bovista. |
| (52) Viburnum opulus. | (57) Ignatia. |
| (53) Zincum. | (58) Coccus. |
| • (54) Zizea. | (59) Cuprum met. |
| (55) Chamomilla. | |

(1) *Actea racemosa* :—It has great actions on the female sexual organs. It is indicated in labor or in threatened miscarriage when the pains fly across the abdomen from side to side (Lycop, from right to the left ; Ipec., from left to the right and associated with nausea.) The pains seem to double the patient up. It is used in the early months of pregnancy for these pains in the abdominal walls which greatly distress the patient. The labor pains of *Actea* are so severe that the patient seems to be associated with fainting spells or with crying out in agony. It is also useful in after-pains when they are intense, when the patient is extremely sensitive and cannot tolerate them, and when they are worse in the groin. It is also used in puerperal nausea. The patient declares that she will go crazy. She is suspicious. She talks nonsense and yet she seems to be conscious of what she is doing, and she says she cannot help it. Sometimes she has visions of rats &c. (Calc. carb. has visions of rats and mice as soon as the patient closes the eyes.) Another symptom of *Actea* in labor is “rigors, or nervous chills” in the 1st. stage of labor. (Gels. also is useful in this condition.) *Actea* is especially adapted to those who are predisposed to muscular rheumatism and myalgia. It resembles *Pulsatilla* in its action during labor. Both are used for labor-pains which are very distressing and continuous but only different in temperament. *Pulsatilla* patient is mild, but *Actea* patient is very nervous, vehement, excited and has an intensely apprehensive mood.

(2) *Aletris farinosa* :—This is one of the most bitter substances known. It is especially indicated in women who, in addition to uterine trouble and leucorrhœa, have extreme constipation, great effort being required to effect an evacuation from the bowels. There is great accumulation of frothy saliva. It is closely allied to *Senecis* and *Helonias*.

(3) *Aloes* :—It acts on the liver, increases the bile, causes griping in the bowels and diarrhoea. It is needed when, with uterine congestion and prolapsus, there are heaviness in the abdomen and back, and uncertain control of the rectum. The woman frequently suffers from loose bowels. The nearest remedy to Aloes is Sulphur, which produces precisely the same symptoms, the same bearing down, the same fullness of the abdomen from abdominal plethora. Sulphur has, in addition to the above symptoms, an aversion to washing. Aloes acts more on the rectum than any other portion of the alimentary tract. There is constant desire for stool.

Ambra grisea :—It is supposed to be a disease-product derived from the whale. It acts markedly on the female genital organs. It causes atony of the uterus. The menses are regular as to time or they come a few days too early, but they are very profuse and are accompanied by nose bleed and by an increase in the varicose veins on the legs. There is a discharge of blood between the periods. Any little excitement or extra effort, such as straining at stool, brings on a vaginal discharge of blood showing how engorged is the uterus and how relaxed and weak the tissues. The leucorrhœa consists principally of mucus, which has a bluish or bluish-gray tinge to it. We may use Ambra during the lying-in period, especially when constipation is severe. It is suited to those nervous women who are thin and scrawny looking, who have frequent ineffectual urging to stool accompanied by great anxiety and restlessness.

5) *Ammon. mur* :—It is sometimes indicated in diseases of the female organs. It has a great many symptoms referred to the inguinal and hypogastric regions which would suggest the use of this drug in uterine and ovarian diseases. Hence it is useful in the treatment of deviations of the uterus, and also in ovarian diseases, having the characteristic muriate stool, crumbling as it passes the anus. The leucorrhœa in which it is useful is brown and lumpy or else clear and albuminous, which follows every urination. In deviations of the uterus and in ovarian diseases its symptoms are similar

to those of *Arnica* which has that same strained feeling in the groin.

(6) *Antimonium crud* :—It has some action on the female genital organs. It is useful in prolapsus uteri when there is constant bearing down feeling, as if something were pushing out of the vagina, and tenderness over the ovarian region, particularly when the menses have been suppressed by cold bathing. The leucorrhœa is watery and contains little lumps.

(7) *Apis mellifica* :—It is often indicated in diseases of the female genital organs. There is increased sexual desire with stinging in the ovaries. This is sometimes a symptom in widows, and Apis will often relieve it. Tendency to abort at or before the third month. Apis produces and will check abortion when the symptoms agree. Hence it must be given cautiously during pregnancy, because if given in low potency and frequent dosage it may bring out a mis-carriage, especially before or at the third month. It may be used in amenorrhœa when the patient has congestion of the head as the result of the suppression of the flow, bearing down in the uterine region, thirstlessness, and intolerance of heat. Particularly it is indicated in girls with this amenorrhœa at the age of puberty. They are nervous, hysterical and silly. With the above symptoms there is flushing of the face. It does much good in affections of the ovaries, especially of the right side. (It holds the same relation to the right ovary that *Lachesis* does to the left.) It is useful in ovaritis with extreme soreness in the right ovarian region, together with burning or stinging sensations, and some tumefaction, detectable either over the pelvis or through the rectum or vagina. In ovarian cysts, Apis is an excellent remedy to control the growth, especially in the incipient stage. Here are, in addition to the burning and stinging pains, numbness down the thigh and over the right side of the body and a feeling of tightness across the chest, with cough. This is not a symptom of lung disease, but is reflex from the uterus.

(To be continued.)

THE INDIAN HOMEOPATHIC REVIEW .

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Collateral Sciences.**

**The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute
medicine.— HAHNEMANN.**

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DOSES AND REPETITION OF HOMŒOPATHIC REMEDIES.

This question has been discussed ever since Hahnemann discovered the law of cure and practice of homœopathic medication. Hahnemann's first question was how to find out the right remedy for the diseased condition and the next question of equal importance was how to administer the medicine to bring about safe, sure and permanent cure. If you cannot adjust your remedy properly to your case, you cannot expect to get any benefit from the rightly selected medicine. What potency of the medicine is to be given and how often and when it is to be repeated ?

From time to time we have expressed our ideas and practical suggestions on these matters in the pages of this journal. We again refer to this matter now because very recently we have seen a great deal of anomaly on this subject. Some of the so-called eminent homeopathic physicians of this city indulge in special and peculiar hobbies of their own with regard to the question of dose in the sacred name of

Hahnemann. We give below *in extenso* what the eminent and deep thinker Dr. J. T. Kent had said in a lecture delivered before the meeting of the International Hahnemannian Association held at Boston in 1903. It is a masterly and sober article and we request our readers to read it thoroughly and act up to it. •

P. C. M.

THE ADMINISTRATION OF THE REMEDY.

JAMES TYLER KENT, A. M., M. D.

It may be supposed by some that there is little to be said about the administration of the homeopathic remedy, and by others that there is little to be learned beyond what can be found in the writings of Hahnemann. It should not be expected that Hahnemann could lay down hard and fast lines for the use of the higher and the highest potencies when he never used them. What he said about the use of remedies applies largely to the lower and 30th. potencies. What he says about these is very useful about the administration of remedies in all potencies but he gave general rules and nothing more could be given at that time. An extensive experience with all kinds of potencies and constitutions, with varying degrees of sensitivity, will lead a good observer to make no fast lines to be followed by himself or others.

The difference in the activities of a given remedy in the 30th. and 10m upon the same constitution is most wonderful, and the difference in the 10m and cm. is still more wonderful in some instances. In some constitutions the 1m is not repeated with advantage and in others stoical, several doses are necessary. The very high potencies seldom require repetition, if clearly indicated, to produce a long curative action in chronic cases, but in severe acute sickness in robust constitutions

several doses in quick succession are most useful. In typhoid with a high fever the best work is done by repeating the remedy until the fever begins to yield, which is at times several days. In a remittent fever the remedy may be repeated until the fever shows signs of falling. While the fever is rising in robust constitutions the remedy may be repeated with advantage, and in some cases it is positively necessary.

It never matters whether the remedy is given in water in spoonful doses or given in a few pellets dry on the tongue—the result is the same. It has been supposed by some that by giving one or two small pellets a milder effect would be secured, but this is a deception. The action or power of one pellet, if it acts at all, is as great as ten. If a few pellets be dissolved in water, and the water is given by the teaspoonful, each teaspoonful will act as powerfully as the whole of the powder if given at once, and the whole quantity of water if drunk at once will have no greater curative or exaggerative power than one spoonful.

When medicine is given at intervals, the curative power is increased and may be safe if it is discontinued with judgment. When a positive effect has been obtained, the medicine should always be discontinued and the greatest mischief may come from continuing to give it. Therefore, it is not always that the technical single dose is the best practice, but the single collective effect is always to be sought.

The correct observer will soon learn whether this is to be secured by a single dose or a series of doses. But after this has been secured there is never an exception to the rule—wait on the remedy. In acute sufferings and emergencies the above plan is best suited. In chronic diseases for the first prescription the single dose dry on the tongue will be found ever the best. After several doses have acted well, and when given at long intervals, the action is growing

feebler and feebler, and the symptoms still call for the same remedy, a series of doses will show a stronger and deeper action, and this is even true if the potency given is much higher. Further more, it becomes safe to do this after several doses of a given medicine have been given singly and at long intervals, when it would not have been good practice with the first doses. When the 30th and 200th potencies are used, it is much oftener necessary to give the medicine in water than when using higher potencies. These potencies have a much milder curative action than the higher and the highest potencies, and, therefore, they are far more suitable to the very nervous and excitable women and children and to some men.

To suit all degrees of sensitivity in chronic diseases the physician must have at his command his deep-acting medicines in the 30th, 200, 1000, 10m, 15m, cm. and mm. potencies. With many chronic patients, if the remedy fits the symptoms, or is the similimum, any potency will do all the curing it can in two or three doses at long intervals and a higher potency must be selected. It is better to begin low and go higher and higher. Each change of the potency brings new and deeper curative action. It has been said by some, go very high at once and accomplish it at once, but it is not true that the cure is accomplished. In many chronic diseases the patient must be kept under the remedy a long time, and the remedy must be managed so that the curative power will not be thwarted. This continued action is best secured by the conservative method. In this way the cure is always mild, gentle and permanent. Again, by giving the very high potency to the feeble and extremely sensitive, we bring back the old complaints and symptoms too violently and too hurriedly, and fail to sustain the curative action long enough to eradicate the underlying miasm.

To avoid the shock or aggravation some give at night, others in the morning, but there is no difference. A deep acting chronic remedy should seldom be given in the midst of a paroxysm or exacerbation, but at the close. This is an old settled rule that nearly all follow. To give a deep acting remedy in the midst of great suffering would be to court aggravation, and increase the suffering and to use up the curative power of the remedy uselessly. The dose should be worn out, and when repeated would often fail to act. It is necessary to nurse the case on to a fortuitous moment and then give the medicine. That moment is after the excitement has past—when there is a calm. If it be a menstrual suffering, after menstruation, if it be chronic sick headache, after the headache and if it be intermittent fever, after the paroxysm, will be found the best time to give the dose of medicine.

The management of incurables differs widely. No two are alike, and it is soon observed that medicines ever so carefully selected aggravate and palliate, and the force of the remedy is soon used up and a new one must be found. It is seldom seen that the remedy works in more than one potency, and it is not uncommon that the remedy acts but a few hours. The rapid changes in symptoms and states compel the patient to be ever near the physician.

The following axiom should always be kept in mind. When the symptoms change, the remedy must be discontinued, as it ceases to be homœopathic; therefore whatever action it may exert cannot be curative and may be detrimental.

The single dose in all sensitive people anticipates this change of symptoms and must be safest for general practice.

The repetition of the dose to intensify the action of the remedy must not be considered as a rule, but the exception.

It is unsafe for the beginner to indulge the desire to repeat too much—it should always be restrained. The physician who prescribes in water universally will cause suffering in many of his sensitive patients, and it will appear to him that the disease is growing worse and he will change his remedy when he should cease to give medicine.

The higher the potency, the greater the aggravation caused by this kind of repetition.

The physicians who practise only in the country among people who are strong and live outdoor lives, do not see the sharp aggravations that are seen in the city. The country people will stand more abuse from repetition as well as from crude drugs.

SULPHURIC ACID.

(Continued from page 314, No. 10, Vol. XXI.)

Our strumous *alc. carb* patient is sour all over. His eructations are sour, his vomiting is sour, his stools are sour and he himself smells sour. *He has an aversion for meat and for warm food.* He wants his victuals cold. Palpitation of the heart, fullness and bloatedness of the stomach, alternate diarrhœa and constipation, cold, damp feet are all important symptoms.

Digitalis is very often needed in cardiac dyspepsia where there is trouble both after and before meals; for, after eating he feels a sort of sinking away of the stomach and *spits up mouthfuls of what he has eaten sourer than vinegar.* After the stomach is emptied he gets terrible pain and discomfort, so he wants to eat again.

Lycop. is looked upon as one of the great friends of the dyspeptic. The canine hunger but satiety from a few mouth-

fuls, excessive accumulation of flatulence, the amelioration from hot drinks, the debility and the mental attitude of the patient will make a mistake in prescription an absurdity.

Iris vers is a much neglected remedy. *Kali bich* is often used where *Iris* is indicated and consequently failure is the result. The two remedies are so very similar that a confusion between them is only natural. The sticky, gummy and soapy nature of the discharge is characteristic in both, but *Iris* is more acid and sour than the other remedy.

Robinia is a very apt comparison to Sulph. ac. Perhaps no remedy in our *Materia Medica* has more marked acidity of the digestive tract than this one. *The stomach is intensely acid* with vomiting of intensely sour fluid setting the teeth on edge.

This acidity that we have just talked about is merely a symptom of dyspepsia to which our Sulphuric acid patient is a chronic martyr. Another way in which this dyspepsia manifests itself is diarrhœa. The stools are *chopped saffron-yellow ; stringy ; frothy mucous, or green watery*. In adults it is caused by eating *oysters*. In children it is a diarrhœa that we very often see during *dentition*.

The dyspepsia that we notice under this remedy is a chronic affair, the result of a long continued indulgence in intoxicating drinks. *His stomach feels cold* and relaxed, to relieve which he has to have frequent drinks of *alcoholized water*. When he eats, he gets the sensation of a stone in the stomach. Sometimes severe pain, *starting from the pit of the stomach and penetrating right through to the region between the shoulder blades* obliges him to stop eating. He has much *sour and bitter* eructations, sometimes regurgitation of the food taken. *Ars.*, *Asar*, *Sel* and *Op* and *Nux-vom* are some of the remedies generally thought of in similar conditions

but in none of them do we find such a run down debilitated, and wretched condition as under this remedy.

Another feature of the remedy is the *great exhaustion and weakness* to which our patient becomes a victim. He seems to be almost overpowered by it. This is one reason why we find this remedy so often indicated in typhoid, typhus, septic and other varieties of pernicious fevers. His face is deathly pale, and his mouth is covered with aphthous sores. We have to keep asking him the same question for he is very slow in answering. This is due partly to his hardness of hearing and partly to the loss of "elasticity of the parts." Very often over the already existing debility and exhaustion there supervene epistaxis and hemorrhages from other outlets of the body. The blood is thin and dark and it keeps oozing lowering the vitality still further.

There are two other remedies that vie with Sulph. ac. in the treatment of typhoid or typhus. One of them is *Acid Phos.* It is a remedy called for in all the stages of the dread disease. The precursory stage almost always begins with a gastric derangement. Great sensitiveness of the abdomen, a red miliary eruption in the various parts of the body, a weak, frequent, sometimes intermittent pulse, muttering bland delirium, stupor, lenteric stools are all characteristic of this remedy.

But the other remedy that comes closer to Sulph. 'ac. is *Muriat. ac.* Under this the case is more advanced than in the two previously mentioned drugs. The only remedy in the *Materia Medica* that can present a graver situation is Carb veg. Dr. H. C. Allen's retort to a brother physician who called him in consultation about the prognosis of a case, is worth remembering. That utterance "My prognosis is Muriatic Acid" of that great man has impressed on my mind the gravity of this remedy. The symptoms to indicate

it are clear cut and precise. *The patient constantly slides down in bed with moaning and groaning during sleep and this takes place repeatedly even after the patient is placed in the proper position. There is constant muttering in the waking state with inability to collect his senses. Mouth and anus are especially affected in this remedy. A sort of paralytic weakness creeps over the tongue so that even when perfectly conscious he is unable to speak as he would like. The mouth and fauces are distressingly parched. The pulse intermits every third beat and he passes a large quantity of watery urine.*

We have already noticed the aphthous sores of this remedy and we will go into them in detail. There is no remedy in our Materia Medica where this condition is more marked than in this remedy. The whole bucal cavity is full of these ulcers and they are *white* or *yellow* in appearance. It is especially needed in aphthæ of children, suffering from exhausting diseases.

Mercurius and *Borax* come very near to this remedy in this condition, but they lack the profound weakness of Sulph. ac.

Arsenicum comes much closer, but is distinguished by its still profounder exhaustion, its restlessness and the conditions of aggravations and amelioration.

We have already mentioned the weakness of this remedy, but we have omitted its peculiarity. It is a sort of tremulous weakness and this tremulousness is merely subjective. The patient gets a mere sensation of trembling without actual trembling. This is like *Gels.* and *Therid.*

Sulph. ac. has a very characteristic pain. It *increases gradually to a certain height and then suddenly ceases.* We will compare here a few other remedies with peculiar pain symptoms.

Stan, Plat and Syphil are three remedies where the pains begin lightly and *increases gradually* to the highest point and then *gradually decline*.

In *Bell, Kali bich, Nit. ac., Carb. ac. and Mag. Ph.* shooting pains *appear suddenly* and *disappear just as suddenly*.

In *Colocynth* the pains *commence suddenly* and *severely* but *disappear gradually*.

Our patient is peculiarly mentally constituted. He is always in a great hurry. Time does not go quick enough to suit him ; while eating he is just gobbling down mouthfuls ; exactly so when writing. He has no explanation for all his hurry and haste.

Dr. Clarke recommends this remedy in *nightmare when occurring before each menstrual period*. He says "With Sulph. ac. 30, a dose every night, I gave great help to a delicate woman" who was suffering from a similar condition.

Sulph. ac. is one of our great remedies for trauma. We use it to remove bad effects of mechanical injuries such as falls, blows, bruises etc. Frequently we notice extravasations of blood form the effect of such injuries.

Sulph. ac. is very often needed for coughs of drunkards and of women in their climacteric years. It is a sort of hacking, dry, constant cough. Very frequently he complains of a *sudden violent pain in the upper left chest going through to the scapula on that side*. Sometimes a tired and a sore feeling is ascribed to the region between the scapulæ. The cough is a stomach cough ending with belching and always accompanied with a *foul breath*.

We use this remedy for hernia scrotalis when there is great tendency for the hernia to come down. Dr. Guernsey recommends it for hernia in infants with profound weakness.

Some people unfortunately get into drinking habit, but when at last they appreciate the situation and want to

withdraw, they find themselves too firmly in the clutch of drinking mania. Hering recommends them Sulph. ac, one part with three parts of alcohol, 10 to 15 drops, thrice daily, for three or four weeks. It subdues their craving for liquor.

PETROSELINUM.

[*Gonorrhœa, Dysuria, Cystitis, catheter fever, Night blindness, &c.*]

In common name it is known as the parsley, cultivated very frequently as pot herbs in various places of Europe, though indigenous to the southern parts of Europe. Our medicine is prepared from the whole plant, collected when it is fresh. The juice is extracted and mixed with an equal part by weight of alcohol.

It enjoys a great reputation as a very effective remedy in the treatment of gonorrhœa but as I have said again and again this reputation depends solely upon its indications. And the most important indication for this remedy is its *sudden urging to urinate* which if not gratified at once will produce severe pain in the *fossa navicularis*. This urging is caused by tingling and titillation. Very frequently this becomes so great as to amount to real *itching*. This itching is so bad that the patient wants to thrust something in the urethra to scratch. This last symptom is quite characteristic. I remember to have cured a very persistent case of gonorrhœa with Petroselinum and I was led to its choice by the symptom of intense itching in the urethra. The patient said "he felt like tearing it to pieces"

We find this sudden urging also in Merc, Canth and Cannabis, but they can very easily be distinguished from one another.

In *Mercurius* the inflammatory infiltrations of the prostate and the adjoining parts are present. The chordee is not as violent as in Canth. The discharges are purulent

bloody and corrosive and they are greenish yellow. The aggravations too are at night. There is much burning but it is during micturition. Painful swelling of lymphatic vessels along the penis and the prepuce is always present.

Cantharides is a remedy needed very much in the acute stage of Gonorrhœa. It has got much sexual excitent with unceasing painful erections. There is that violent urging to urination with inability to void more than a few drops, which scalds and burns the patient terribly after it is finished.

Cannabis Ind. is much used in the erethic stage of gonorrhœa. Hartman favours the application of the mother tincture. "I continue it three times a day till the pain is entirely gone" he says. The chordee is quite well marked. Burning, scalding and stinging pains before, during and after micturition are very prominent. We find much priapism and nymphomania under this remedy.

The treatment of gonorrhœa is an exceedingly troublesome affair, for the patient soon gets restive and the doctor too is perplexed by the uniformity of the symptoms, but on the whole the symptomatic treatment far excels that other method of treatment which consists in a vigorous cauterization of the urethral canal with Nitrate of silver, and Zinc and the administration of large quantities of Copaiva and Cubebs in as much as these last mentioned ways of patching up of a complex affair simply brings about a series of complications in their train. In treating cases of gonorrhœa we should be very careful about the patient's mode of living. There are certain rules which if observed will greatly facilitate his cure and alleviate his sufferings. He may take exercise but should avoid all severe exertions. He should wear from the start a good suspensory to prevent orchitis. He should avoid fatty food, meat, spices, coffee, wine and other

intoxicating beverages. A light supper taken in good season will prevent nocturnal erections. Penis should be washed frequently with warm water to prevent balanites and phimosis. The patient should frequently drink cold water to prevent the urine from concentrating too much.

• We must always be on our guard to prevent paraphimosis, for it may induce gangrene. It may be resolved by gentle taxis aided by a soaking of the glans in warm water. But the indicated remedy is always the best solution of the poor patient's sufferings.

Sometimes the physician is sent for in a hurry to attend to a small child jumping up and down with pain and screaming. On questioning as to the cause of the poor child's suffering he is informed that the poor thing is unable to pass urine. What to do in such cases ? A single dose of Petroselinum will relieve all his sufferings and earn for the doctor the gratitude of the whole family.

We think of Petroselinum in fevers when it is complicated with chronic urethritis or strictures, but only when the symptoms call for it.

There is a thing called night blindness. The patient can see very well during the day, but at night he cannot see at all. Petroselinum is a remedy in such conditions. More often we think of Bell, China, Hyos, Lycop, Phos, Verat and Nit. ac in such cases. Of these Lycop is the one mostly indicated.

DISCUSSION ON APPENDICITIS.

Dr. Stewart close—Those of us who have had experience in dealing with appendicitis should have something to say about the statement made in the paper, that one week or two weeks of rest in a hospital, after an operation, would restore such a case to health for a time. That might be true of one patient, but when you apply the statement to all cases you are making too broad an assertion.

In many cases after an operation, so far from there being good health, there will be a recurrence of inflammatory conditions, severe neuralgic pains and other liabilities, such operated cases do not always recover their health by any means. I have such a case coming weekly to my office now. She had been operated upon a year and a half ago for appendicitis, without any good result, so far as relief of suffering or restoration of health is concerned. Indeed she has suffered more pain since the operation than ever before. She does not regain her health at all. She is now under homeopathic treatment and what relief she gets is from that. Certainly the operation did not cure her, and this is true in many cases that have been operated upon.

Dr. E. M. Nash—I confess, I am somewhat staggered when I hear doctors talking about appendicitis being incurable with remedies.

Having had an experience of forty years of general practice of medicine, and during that time having had a good many cases of appendicitis and never having lost one, I do not see how they got well unless my remedies cured them. My remedies certainly had something to do with it. It is a truth verified by facts that there have been more deaths from operation for appendicitis than there have been in the hundred years before for the want of it. I do not doubt but

what cases have died that could have been saved by an operation, but they are very few in comparison with cases that could have been saved if the operation had been omitted. Cases that are entirely amenable to remedies are frequently operated on to their detriment. I have also cured cases that were diagnosed by well known surgeons and pronounced incurable.

A surgeon of Philadelphia of large experience told me that it was wicked the way people were being operated on for appendicitis, but he said it would not do for him to say that publicly, when the whole profession has gone in that direction and it is generally so sanctioned. I asked him whether he did not operate for his own cases. He replied that he did; when the pus has formed he let it out, not before. Then he put in a drainage and gave the remedy. I know that there are surgeons who made this statement in the American Institute, that in any case of abdominal pain that persists twenty-four hours, it is criminal to withhold an operation. I cannot see any good reason for that. I believe that inflammation in the appendicular region is just as amenable to remedies as it is in any other part of the body.

Dr. C. M. Boger—Every experience in appendicitis is complementary to our own and throws light upon the subject. The ability of the remedy to remove certain conditions appertaining to the appendix is unquestioned not only by our own school but also by the allopathic. Dr. William Pepper said that ninety per cent of these cases do not need any thing but remedies internally. Of the remaining ten per cent one half died under the operation.

I have had some experience in appendicitis, having treated a number of cases. One was that of a young lady who was seized with inflammation of the appendix as a consequence of being drenched with a hose. She had salpingitis,

appendicitis and pneumonia all at once. Strong pressure was brought to bear upon me to consent to an operation, but I said no, unless I am dismissed there will be no operation. The result was that she is as well today as any woman in this room.

(*Transaction of I. H. A.*)

Clinical Cases.

By P. C. MAJUMDAR, M. D.

I.

Ranula cured by Thuja.—A young lad of twelve was brought to my dispensary on the 12th of August 1910. He is a robust looking boy with some skin eruptions of a dried nature on various parts of the body. There was a growth of the size of a small potato below the tongue.

The parts around were vascular and red. The tumor was moveable and there were some salivation and pain on pressure.

Thuja 200. one dose, dry on the tongue followed by placebo for one week.

Reported better. Tumor seemed smaller and redness was considerably reduced. Placebo, one powder a day. The improvement stopped after the powders were finished.

On the 23rd. another dose of Thuja 200 was given. Improvement was again noticeable at once and continued. In the meantime Saclac powders, one every morning, continued. Complete cure was effected in the course of two months. Altogether three doses of Thuja were administered.

II.

Renal Colic—Magnisia Phos.—Munsi M., an elderly Mahomedan gentleman, sent for me in great hurry to treat him. It was on the 13th June 1908 at 8 P. M. that I arrived at his house and found him in great agony and restlessness.

History could not be related but with difficulty. I ascertained that he had acidity, flatulent abdomen and constipated bowels. Had a slight attack of pain last year about this time. Before I treated the patient allopathy had been tried but in vain.

Pain excruciating and unbearable extending from the back to the pubic region. Paroxysms in close succession. It was on right side. Pain also in the urethra and penis. Urine scanty and high coloured. Constant desire to make water, but very little was passed.

Some relief from warm fomentation and rubbing the parts with the hands.

Worse every other way—movement, hard pressure &c. Constant nausea and vomiting of acid fluid. Bowels constipated. Some balls after an enema.

Nux vom 30, one dose every half an hour. I waited. No relief in an hour and a half.

Calc. c and Berberis were tried without any relief.

Magnesia Phos 200, one dose, was given and in half an hour the patient was put to profound sleep.

I left a few doses more if required. Next morning I saw him in perfect health, no more medicine was taken. Permanent cure was effected by after treatment. Calc. c. was the remedy.

III.

Renal Colic—Ocimum canum.—January 3, 1903. Dr. N., a robust elderly gentleman of dwarfish constitution sent for me very urgently as he was under a very severe suffering from renal colic on the right side. He was restless, tossing about in bed and vomiting bile; there was intense thirst, water came out in a few minutes. He had dyspeptic symptoms before with flatulence, heart burn and diarrhoea. All these were stopped by allopathic medicines a few months ago.

He had a slight attack of renal colic last year about this

time, but now the pain was ten times more. I tried a few remedies at short intervals without much benefit. At last I gave him a few doses of *Ocimum canum* 3x in water. Relief was prompt and permanent. I however treated him subsequently for his dyspeptic symptoms by *Calc. c.*

IV.

Ulcers—Hydrastis can.—An elderly Mohomedan gentleman came to me with three unhealthy looking ulcers on his leg on the 13th of October 1905. He was treated by allopaths and even by homeopaths, but the ulcers did not heal.

Burning and sticking pain in the ulcers. Thin sanious pus came out of them in quantities. Itchiness now and then. Ulcers unhealthy looking. No granulation. Parts swollen, especially on walking.

He had taken mercury for syphilitic ulcers in glans years before which were suppressed by some patent medicines. I tried Nitric-acid 30, twice daily for one week.

Burning and pains much abated, but the ulcers remained as unhealthy as before.

Hydrastis 3x was given three times a day for the first few days and once daily for seven days. Improvement was marked and medicine was stopped and he was cured. The only external application was ghee (clarified butter).

V.

Sprue—Tuberculinum—A thin anemic looking Anglo-Indian lady came under my treatment for what is called sprue. She had it for sometime when at Simla. There were white watery stools several times in the morning. No pain, no tenesmus, no blood or mucus. There was some flatulent distention of abdomen. She said she had been losing flesh and strength every day.

Appetite fair, urine natural, sleep disturbed. I tried many

many medicines, Sulphur, Aloes and Natrum sulph in high potencies with some relief, but no permanent improvement.

At last I gave her one dose of Tuberculin c.m. (Fincke) and the amelioration was well marked. She wrote to me to say that at last the right remedy was hit upon. After two weeks another dose was given and the cure was permanent. I stopped her taking meat.

• IV.

Diphtheria—Diphtherinum—Babu—Nandi's son, aged three years, robust and healthy, had an attack of diphtheria on the 10th of June, 1912 and had been under the treatment of an eminent Allopathic physician of the city. He treated the case about a fortnight with various means at his command. The disease went on increasing. Antitoxin injection was also made to no purpose. I was called at the a hour and the boy died after two days.

The younger brother of this patient caught the disease. He was about a year and a half old.

The fever was high, the temperature ranging between 104 and 103 F. There was evening aggravation.

Fauces and upper part of the pharynx were studded with minute grey looking ulceration; some were also on the hard palate and corners of the mouth. Considerable difficulty in breathing and some impediment in swallowing.

The child was restless tossing about from side to side, crying when touched and when milk was given. Slight enlargement of the liver. Bowels constipated and hard stools after two or three days.

Could not suck mother's breast.

Hoarseness and some hard and dry cough.

Much thirst for small quantity of water.

Perspiration on head and covered parts.

Head very hot, coldness of extremities.

Belladonna 200, three times a day, diminished the intensity of the fever and reduced the restless condition. But there appeared a white patch of diphtheretic membrane on the fauces.

Considering the fate of his elder brother I at once decided to try Diphtherinum and in consultation with my son Dr. J. N. Mazumdar I gave a dose of the medicine in the 200th potency. That had the desired effect. The membrane was detached and the sores became clean. Other difficulties and conditions were also much improved.

No medicine was given and the child recovered nicely.

This clearly shows how a potentized remedy is more efficacious than the crude drug. In the former patient crude serum was injected but it did not have the power of stopping the progress of the disease, but here homeopathically potentized remedy did wonders.

Verifications.

I.

Babu P. Mukerjee, aged about 60, corpulent and plethoric, had an attack of pain in the region of the liver, attended with fever of a remittent type on the 10th of July, 1898. He was under allopathic treatment and was worse and I was called to see him. He was then in a bad condition. There was high fever, but the pulse was small and frequent, with distention of abdomen and hiccup, which was aggravated by food and movement, the bowels were constipated, no stools for the last four days. Mental condition dull and drowsy.

Bryonia 30, one drop every six hours in half an ounce of distilled water.

18th July. Much improved, hiccup stopped, no fever and

tympanitis, but stools thin and frequent, attended with much colic.

Colocynth 100, one dose, with instruction not to repeat if better.

• Stools and colic stopped and the case was cured.

II.

Babu Chutoo Lall Pal, aged 50, strong-built, of thick neck and sanguine temperament, had an attack of apoplectic convulsion for three days and was treated allopathically and homeopathically. He came under my treatment on the 18th of July, 1898. Head was hot, with high fever, constant hiccup, abdomen distended, redness of eyes, especially the left one, choking sensation in the throat especially on swallowing. Left side paralysed.

Lachesis 200, one dose, followed by placebo every six hours.

Very much improved. All the symptoms nearly vanished. No medicine.

On the 23d. the condition was almost the same; no further improvement; especially the paralytic sensation and difficulty in swallowing remained as before.

Another dose of Lachesis 200 completed the cure. It was a very wonderful cure as the age of the patient was unfavorable. I seldom see paralytic symptoms so quickly ameliorated. The action of the high potency of Lachesis is really very great.

III.

Babu J. C. B.'s grand son, a thin and rickety child, caught cold one day in August and got high fever. He was treated by a local doctor at Howrah to no effect. The case went on from bad to worse every day when serious development took place.

Fever 104 F., rattling and constant cough, head and face hot and perspiring, drowsiness, difficulty in breathing and

tendency to convulsion. Bowels obstinately constipated with tympanitic abdomen.

Opium 6x, one dose, every four hours.

Fever abated, difficulty in breathing almost gone, and the condition of the patient generally improved. Placebo every six hours.

Cough very troublesome but loose and rattling, some sleepiness and bowels rather loose.

Antim. Tart 30, three doses one day.

Better next day. Placebo thrice daily.

Cured in a week.

IV.

Babu—Routh's wife multipara, mother of three children, the last one was born three years ago, delivery of all the children was painless, was suffering from leucorrhœa and painful menstruation.

Menses rather late and painful.

Pain commenced the day before the appearance of the flow and if the discharge was free, pain subsided.

Blood scanty and blackish in color.

Leucorrhœal discharge yellowish, thick and of fishy smell, more during the period following menses, uterus hard and large, great tenderness over the uterine region. Pain even in walking and on movement. There was slight fever in the afternoon with chilliness followed by burning heat.

Acidity and heart burn, appetite not good.

Bowels rather constipated, sometimes diarrhœa, suffered often from cold and cough.

Pulsat. 30 morning and evening for a week.

Reported after that period that he was better in respect of appetite and acidity.

She came under my treatment in February, 1910.

Menses appeared in time but it was less painful than before, but the leucorrhœa was rather profuse and bad smelling.

I learned that she had leucorrhœa after the birth of her last child and was told by the husband that her uterus was not in natural condition for a long time. It was enlarged and seemed hard on pressure. I continued placebo for some time, during which she gained in health considerably.

But the leucorrhœa was worse. It was white and reddish in color and of fetid odour.

I gave her Aurum mur natron 6 one dose every morning for one week.

This had the desired effect. The leucorrhœal discharge was diminished and pains were all gone. In three months' time she was free from leucorrhœa and the menstrual discharge became normal in quantity and color.

V.

Babu D, aged 30, thin but well-built young man, had an attack of gonorrhœa about ten years ago. There were intense burning and other sufferings of an acute nature. In time it became chronic and the discharge was seen only with the urine. About three years ago he had rheumatic pain all over the body and the discharge totally disappeared. There were then cough and nasal catarrh.

Fever also appeared simultaneously with the catarrh. The urine increased in frequency and quantity. Rheumatic pains generally appeared during the rainy season and gave him a good deal of trouble and pain. Urine now came out in thin and double stream.

During the month of July, 1909 he caught cold followed by cough and rheumatic pain. He was treated by an allopathic doctor and cough and rheumatism disappeared with the result that gonorrhœa reappeared with considerable quantity of white discharge and slight burning in making water.

There was also a discharge of semen during defecation and micturition.

He was a chilly patient, even during heat he could bear covering well. There was no sweat and sleep was disturbed. Feet and hands and many other parts of the body remained cold.

Pulsat 30, morning and evening.

He got rid of the rheumatic pain and cough in a few days. Placebo twice daily.

At the end of August he had fresh attack of gonorrhœa which was cured by Madorrhinum 200 once a week and he is all right now.

Materia Medica Notes.

Chelidonium :—Pain sticking in liver, pain through to the right scapula. Burning in hepatic region. It is a grand remedy for all complaints of the liver. Recently I got a case of enlargement of the liver, with sticking and pressing in liver and jaundiced eyes and face. Constipation, stools dark-brown and light gray, hard balls passed with great difficulty.

Urine was dark yellow and copious which when passed relieved the pain for the time being.

Had feverish sensation in the evening ; sometimes high fever which was relieved by warm drinks and perspiration.

I gave Chelidonium 30, one dose, every morning on empty stomach, and she got relieved at once and was cured in three months.

Clinical indications depicted by T. F. Allen are the following :—Enlargement of the liver, pain under the angle of the right shoulder-blade, or with jaundice, yellow tongue, bitter taste &c. In jaundice, sometimes with clear urine, tongue white, stools dark, urine offensive, distention of

abdomen, enlarged liver. In all these hepatic and intestinal affections the pains are worse on the right side and generally under the right angle of right scapula.

Croton Tiglium :—Various kinds of skin diseases are promptly and permanently cured by croton. I had a case—a young baby, vesicular and pustular eruptions over the whole body, more on the head. Very itchy and emitting considerable amount of thin pus.

Glands of neck were swollen and painful. Diarrhœa—thin watery and yellow stools, ten to fifteen stools in twenty four hours.

A few doses of croton 30 cured this case. Stools watery, yellowish and *forcible* and painless, with emission of flatus, frequent and choleraic, copious, every five minutes.

Dr. Allen says :—It is a valuable remedy in diarrhœa with general character of sudden expulsion, stools occur immediately after eating or drinking, generally watery and yellow, passed with a gush, sometimes associated with nausea and vomiting. sometimes with pain following the colon down to the rectum.

We have been able to cure many cases of severe diarrhœa and even cholera morbus with this remedy, having all the characteristic symptoms—viz : yellow watery stools, sudden and forcible expulsion and nausea and vomiting aggravated by drinking water or food.

HYPERICUM, WITH CLINICAL CASES. *

BY C. SPENCER KINNEY, M. D., EASTON, PENNSYLVANIA.

The principal indication that I have acted upon in the

* Read before the Homeopathic Medical Society of the State of New York, Oct., 1912.

administration of Hypericum is that given by our old teacher, Dr. Samuel Lilienthal, who called Hypericum "the arnica of the nerves." It has consequently been my practice to give this drug freely, in all cases of nerve injury—a three to five drop dosage of the tincture every two or three hours, followed later by the 30th potency. It helps quickly where indicated, and in many cases after the desired results have been obtained no further repetition of the drug is necessary.

Early in my professional life I became interested in a case of progressive muscular atrophy which was under Doctor Talcott's care. The patient was a man of twenty-five years old, of exceptionally fine mentality and physique, and with an entirely negative history, except for the fact that he had strained himself severely the previous year while doing some heavy lifting. At that time he experienced a sensation as of something snapping between his scapulæ, accompanied by intense pain in that region. When our attention was called to the case, the following symptoms were prominent: Atrophy and partial loss of power in muscles of right arm; beginning atrophy in the near muscles of left hand; fibrillary twitching in arm and chest muscles, which twitching became very aggravated and distressing when the patient was under any kind of strain or excitement.

Wishing to have the diagnosis verified, I accompanied this patient to the office of the late Dr. E. C. Seguin, Professor of Nervous Diseases in the College of Physicians and Surgeons, and who at that time was considered one of the best clinical diagnosticians in nervous diseases in New York. After a careful examination, Doctor Seguin pronounced it a well defined case of progressive muscular atrophy of spinal origin, and recommended Kali iodide in appreciable doses. He advised taking good care of the general health, but would offer no hope looking to recovery, stating that it was no

likely that the patient would live much longer than three years from that time.

Doctor Talcott advised that *Hypericum* be tried. This was done ; at first in subdivided doses of the homeopathic tincture, and as relief followed its use, the patient formed the habit of carrying with him daily a bottle of the tincture, taking a few drops as needed. Thirty-four years have passed, and the man has been continually self-supporting. Although there has been deformity and loss of power in the hands and arms, yet he has had sufficient strength and co-ordination to enable him to do clerical work, while with a natural executive ability he has done considerable supervising. * .

The next case was that of a nurse, thirty-one years old, who had always enjoyed good health. She was attending a reception in a hospital when she became the victim of a practical joke intended for another, the perpetrator of which the "fool killer" had overlooked in the stress of his active life. She sat down on a chair whose rear legs had been sawed nearly through, falling backward striking back of head and becoming unconscious. Severe basilar headaches and epilepsy followed in the course of a few months. For the pain she began taking morphine. For the epilepsy she did nothing, making efforts to conceal her troubles as she was obliged to earn her living. Finally an attempt to commit suicide brought out her history, and she was at once placed under treatment. *Hypericum* tincture seemed to be the only drug exhibited, and was prescribed forthwith. In three months the headaches were a memory, and the attacks of epilepsy had ceased. She passed from observation, but grateful letters told of her continued health. She is now happily married and has a healthy child.

M. S., male, 32, single ; education, academic ; no history of insanity in family, although father was neurotic and

somewhat eccentric. Mother living, but mind weak from physiological decay. The youthful life of the patient had nothing characteristic unless it was his liking for machinery. Inclined to keep his own counsel, but not addicted to bad habits. When about seventeen years of age, while riding a bicycle, he fell, striking the back of his head. Was unconscious for a short time afterward. Examination failed to reveal any fracture. Nearly a year after the occurrence he had a genuine epileptic seizure. Seizures continued at irregular intervals, each attack being preceded by a peculiar aura. A sensation of tickling or irritation commencing in the rectum would seem to pass rapidly up the bowel tract, stomach and œsophagus, culminating in the typical seizure. Meantime his disposition changed. He was irritable, suspicious and mischievous, evincing a desire to injure animals when not under observation. Teasing them seemed to give him pleasure. Would impose upon anyone whom he did not fear. If left alone with his mother or sister would threaten to kill them, but when with those of whom he stood in awe he was docile and obedient. The attacks gradually became more frequent and severe, and at length his mental attitude became so serious that he was placed under treatment. On admission he stammered and stuttered in his haste to speak, was suspicious of those about him, threatening them and refusing to do as he was told, and making unreasonable excuses for his refusal.

During the night following admission he had an epileptic seizure, and from that went into an attack of acute mania in which he struck and fought, biting and kicking everyone who came near him. Appeared demoniacal in his desire to injure. For this condition he was given Bell. 3x., hot pack and restraint waist were used and two nurses in constant attendance. He was maniacal for several days, continuing to

kick, bite and strike anyone approaching him. Most of the time he muttered to himself. His face was flushed, pupils dilated, and an offensive odor came from his breath and body. When he came out of the attack he was reticent and sullen, preferring to keep to himself.

* Owing to his history of having met with an injury, Hypericum tincture was given him, three drops every three hours for one month. During this time he cleared up, became less suspicious and had long intervals in which efforts were made by him to be pleasant and agreeable. Since then, upon any evidence of an increase of irritability, he has been given Hypericum 30th. Three years have gone by and he has had no further seizures.

REVISION FOR THE 1913-1914 INTERNATIONAL HOMEOPATHIC DIRECTORY.

84 Holland Park, W., London, England.

Dear Colleague,

The time has come when we must carefully collect and record the changes and additions to the Directory of 1911-12.

The labor and expense of collecting the data is being borne by the writer, who has not the time, nor can he afford to make a second appeal for your help in this International Directory work.

The *Journal of the American Institute of Homœopathy* for August contains the report of Dr. George Peck, Chairman of the International Bureau of Homœopathy, and his remarks on the need and value of this Directory fill his three-page report. He says in this connection :

"No greater surprise has overtaken our profession during the past year than the marvellous change, both in size and contents, that has occurred to the International Homœopathic

Directory..... And yet there is nothing irrelevant between its covers..... The information the volume imparts should be in the possession of every single member of this Institute, for is not this a nation of globe trotters, our patrons its most educated people, and ourselves responsible for their well-being abroad as well as at home ?..... It is the most complete exhibition of the homeopathic school in detail that has ever been presented..... Its price is reasonable, being "only 4 shillings..... It has been intimated that unless the Directory receives greater pecuniary encouragement than it has hitherto, its publication will cease..... The number of Americans who subscribed for this work in advance, thereby securing the admission of their card and a copy of the book for one dollar, was just seventy-three. Ridiculously few !..... This circumstance reflects on our general intelligence, questions the depth of our interest in homœopathy and disproves the sincerity of any professed regard for our clients. Shall this condition abide ? The discontinuance of the Directory would result in irreparable damage to the cause and in the death of many of our best citizens"

So spoke Dr. Peck in behalf of this standard work.

As intimated, there has been a serious financial loss on the production, and which even much better sales on the next issue will not recoup, but we labor and are inclined to think that it has a place on every good homeopath's desk, so this is now being brought up-to-date from a pure consideration of duty to our school.

The writer has letters in his possession asking sharply, why these writers were not personally informed of the previous issue, when they would have had their cards inserted ; some, at least, of these are not to be found in the list of members of the A. I. H., so how were we to find them ?

Let these consider for a moment what this personal canvass and detection would entail.

The editors of the various journals very generously gave good announcements and in plenty of time ; it is now requested that these editors will again extend their courtesies to this Directory by a few words of notification.

Matter sent us will be inserted in proper order, and by this means the writer hopes to be able to bring every country up-to-date.

Special effort is being made this time to include and note all those of our European colleagues (who are at last awakened to the value of this work to homeopathy) who speak English, because it is clearly understood that our patrons would prefer to tell their symptoms in English, therefore to the profession and the travelling public this fact alone is of the greatest importance. European colleagues, please send me a perfect record of all our men who speak English at once.

Those of you who receive lists and pages of the Directory of your country for revision are asked to do homeopathy the great service of at once sitting down and working for a few hours, as many others also do for our cause ; we especially ask you to consult the latest mailing lists of societies, also the lists of subscribers of your journals, and fulfil the promise some of you gave the writer at Zurich, and let us all see how much strength we have in your country, not forgetting to mention those who speak English. Your colleagues will thank you accordingly.

This Directory has been called very important by many who have taken the time to consult it, and a study of the enclosed leaflet of arguments will convince you also.

We wish to receive any information about hospitals, societies or statistics of which you will vouch the reliability.

Any who prepay four shillings are entitled to a brief card, naming their speciality and professional appointments. Details and remittance should be sent to the writer or the publishers, the Homeopathic Publishing Co, 12 Warwick Lane, Pater Noster Row, London, E. C.

If prompt response is obtained it is hoped to have this revised edition ready for distribution in January next, the exact date of which will appear in the *Homeopathic World*, but subscriptions and cards will be received at any time prior to this.

Suitable advertisements, especially of our colleges, post-graduate courses, pharmacies, homeopathic medical works, etc., will be accepted at the rate of three pounds stg. per page for simple setting.

The enclosed sheet gives sixteen reasons for becoming a subscriber to this Directory, which is really more than that, it is a record of statistics, hospitals (having seventeen full page plate engravings of some of our largest hospitals, etc.) and a fund of general homeopathic information which will provide pointed arguments in talking with your patrons. Your position will feel much stronger after seeing the disposition of our work and workers, whilst the enclosed sheet will also tell you how Dr. Dunn, of Chicago, died in Naples, not knowing that there was a homeopath in that city, whereas our Directory would have shown eighteen homeopaths and five special homeopathic pharmacies were in that town.

Giving this information now asked is seriously urged, having in mind our good name and the faith of our much respected colleague who died whilst on a pleasure trip, such as you may take or such as you may order your patients.

It is surely good to know where your brother homeopath resides.

I sign myself your servant for homeopathy,

E. PETRIE HOYLE.

—*The Chironian*.

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THE INDIAN HOMEOPATHIC REVIEW..

A Monthly Journal of Homeopathy and
Collateral Sciences.

The knowledge of disease, the knowledge of remedies and the
knowledge of their employment constitute
medicine. — HAHNEMANN.

VOL. XXI.] DECEMBER 15, 1912. [No. 12.

QUININE AND MALARIA.

That quinine is sometimes capable of suppressing the malarial paroxysm there is not a shadow of doubt. Like many other remedies quinine acts beneficially in a certain type of fever. We have no difficulty in finding out these cases for the symptomatology of Quinine and Chininum Sulph. are quite distinct and clearly laid down in our Materia Medica. It is the wholesale and indiscriminate use of quinine that we object to. In many instances it has done endless harm. Years ago Dr. Sircar remarked that it is the bark and bark alone that has kept up the reputation of the dominant school for such a length of time. Dr. Richard Hughes also wrote in favor of quinine, and in the latest edition of his Practice of Medicine said that Dr. P. C. Majumdar also was in favor of quinine. How he made this statement I am unable to make out.

For the last sixteen years I have seen the bad effects of quinine in such a large number and variety, of cases that I have always had an antipathy towards this drug.

But I must confess that I was guilty of a great crime. *As a homeopath should have no favorite remedy, so he should not have any dislike to any particular drug.* The totality of the symptoms should be his sole guide in the selection of the remedy.

Last year. I had occasion to treat a little girl about 10 years old and another young man about 20 years old. I was family physician to both the families to which these cases belonged. They had both been out in the country and had contracted malaria. They used to have violent chills and fever, the temperature going up to 106 and 107. I treated them for three days with my apparently indicated remedies but without any effect whatsoever. Both the cases went to allopathic hands and the girl's fever was checked promptly by the administration of Quinine, while that of the young man lingered for sometime in spite of the quinine and ultimately got well under Allopathic treatment. When you lose cases in good families where you have established your reputation after years of successful treatment, you naturally feel inclined to look round.

Unfortunately also I saw two other cases almost immediately after this where I gave Chin. Sulph. 3x in repeated doses and the fever was checked and I was naturally beginning to think that perhaps I was making a great mistake in not administering Quinine wholesale and wasting much valuable time and energy in rummaging through repertories and Materia Medica in search of the similimum. But my doubts were soon dispelled. A telegraphic message summoned me to the bed side of the child of a Raja living up country. The boy had been suffering from a very bad type of fever for nearly a month and all sorts of treatment was tried but in vain. Nothing seemed to check the fever paroxysm. Even a reputed homeopathic physician of Calcutta went but was

unable to do anything. He tried China and many other remedies. This time I went prepared with my quinine &c. The child used to have decided intermission during which time the temperature would go down so low as 95. His bowels were erratic and he was very anæmic. Rather of a precociuss temperament. I tried Chininum Sulph 3x in reapeated doses but without the slightest benifit. The temperature would begin to rise about midday and go up to 104 by the evening. He would become very restless during the height of the fever. Arsenic 30 three doses were tried one day, which seemed to reduce the temperature somewhat. The next day I gave one dose of the 200th and this stopped the rise of temperature completely. I can add many similar cases where I have been able to check the fever paroxysm completely with the indicated remedy, sometimes with a single dose of the high potency and sometimes with repeated doses of the lower. I have also tried the divided dose system of Allen. This also works well in some cases. But be that at it may, I am now convinced once again that the indicated remedy will cure the fever paroxysm the same as any other disease.

"We are unable to offer an intelligent explanation of the cause of sporadic epidemic intermittent fever that will bear the test of scientific investigation, and Hahnemann's one *therapeutic fact* is worth more at the bedside than all the theories that have even been advanced."—Allen.

CURE OF AN WOUND OR AN ABSCESS CAVITY BY THE THIRD INTENTION OF SURGERY.

Surgery is really a great boon endowed upon the suffering mankind by the old school. Its progress and development has really brought about a marvellous change in its

life-history. Knife saves many lives if applied in time and in proper circumstances but as knife can save as well as kill if improperly applied, surgeons of the old school should be very considerate and careful in its use. They should not always consider it to be the only sheet-anchor in emergency. Their over-reliance in surgical skill has made them blind to other dangers that may imperil life.

Minor operations such as bubo and simple abscesses which the illiterate barbers of our country used to perform with success are of no consequence. But the crowning success of surgery consists in the successful management and cure of a case after a major operation.

If the system of the patient for operation be free from any constitutional diseases such as Diabetes, Albuminuria &c. or from any lurking diathesis such as Tuberculosis, Scrofula &c. i. e., if he is in full and robust health, any operation however big and whatever way they are done, is generally successful. But if his system be overpowered or lured in by some sort of virulent poison, any operation however trifling it may be, would bring about thousands of complications.

Now let us discuss the evil effects that are produced by major or semi major operations on a healthy body. There are three predominant prostrating elements in an operation—

- (1) Shock of chloroform.
- (2) Shock of knife and undue lacerations of the wounds by the surgeon's fingers, scissors &c.
- (3) Shock of Hæmorrhage.

In the healthy state the vital force which is all powerful healer of any derangement in the human system, is in full swing. So the three combined shock would fail to weaken the vital-power sufficiently to disturb the healing process. But if the system be previously taken up by any expressed

or unexpressed virulent poison, where the vital force is much below par, any simple operation is quite sufficient to excite, stimulate and irritate the sleeping or slightly awakened foe (poison) to be aroused in awful fury. This furious expression would check the healthy process of healing and bring about gradually more and more dangerous complications to put an end to the life at last or wound being suppressed by strong external applications the pus finding no free out-let, gets absorbed in the lymphatic system and in the blood and at last comes out as multiple abscesses in several parts of the body (internal and external) which the old school denominates as "Pyæmia" their own creation.

Of the three shocks as mentioned above the shock from hæmorrhage is the most crushing. We know that a man can be bled to death. If the bleeding could be checked by some artificial method in the course of operation we had had no objection even to separate half of the body, if it were possible to keep the man alive. The method of operation now-a-days "in-vogue" is so much extensive in depth, length, and breadth that several pounds of blood is shed during the course of a single operation. If several operations are necessary one after the other we can easily conceive what a large amount of blood may be poured out in proportion to the quantity contained in the human system. What is blood ? Is it not the living organism that keeps up the vital force ? Is it not the most essential part of life ? Is it not the generator of heat which gives a motive force to the life steam ? Is it not the power that makes the human organism live, move, and perform all the functions of life ? Even a drop of blood is then a unit life. This blood, the surgeons of the old school shed so very mercilessly as if they were pouring out a quantity of useless and filthy water from out of a hydrant. Have we ever been successful in creating a drop in our

chemico-pathological laboratory ? What we cannot create we are not justified to shed. To shed a drop of blood is to kill a unit life in a human system. The old school always boasts of their blood-producing artificial and stimulating foods to make up for the loss. Let us see how far this is true. The loss of life-blood lowers so much the vital power, disturbs and weakens so much abnormally the functions of the vegetative system that it is next to impossibility to get these blood-producing foods properly assimilated. In this prostrated condition of the vegetative sphere no such food can generate in the patient the natural reactive power to with-stand the shock of hæmorrhage, whereas it creates a new series of disturbances for want of proper assimilation.

Now let us see how far the surgeons follow up nature's intention in healing of a wound and how far they adopt the rational method of surgery. Nature's intention in healing a wound is fulfilled in the following ways :—(I). Firstly by adhesive inflammation and by the blood clots. (II). Secondly by the formation of new granulations. (III). Thirdly by the union and coalescence of new granulations and (IV). Fourthly by the formation of a scab. If we thoroughly study, dissect and criticize the above-mentioned nature's process of healing of a wound, we will find that the first, third and the fourth are the real intentions of nature but the second is one that is forced upon her by the surgeons knife. The surgeons being diffident in nature's healing power are always anxious and overcareful that nature may not leave a cavity behind. Is not nature be filled with more skilful architectural ability than any human being and is she not imbued with sufficient innate power of healing a wound ? What does the best mason amongst us do ? Does he not in building up a structure arrange sets of bricks one upon the other and cement them together so very carefully that not a

hole or an opening is left ? If the human mason can do so far, is it reasonable and rational to ignore that the superior skill of nature, the greatest architect, can do the same with much more finish ? The surgeons by their plug, tube, horse-hair, iodoform copper-sulphate and other adjuvants prevent nature to work in her own way and thereby instead of helping nature perverts her best inclination towards healing. These foreign substances, acting as irritants when applied continually and beyond certain limits, prevent the healthy improvement of the sore. The following is an instance of local irritation as produced by local irritant applications. A Bar-at-law had a leach bite in his right leg. He went on applying to the sore different sorts of patented and prescribed corrosive ointments one after the other. Within a very short time the sore took up the form of an extensive and obstinate eczema covering the whole leg from the knee to to the ankle joint. This is an example that shows the constitutional disturbances as produced by operation and plugging done by the old school method. Sreejut Amrita Lall Bose, the Pioneer of the Indian Stage, had one of his grand-daughters laid up with multiple abscesses. Fever was of remittent type rising up 103-4 and continued up for a month. The abscesses were operated upon one after the other to no effect for one healed up as soon as another appeared, and the fever was not abated in the least. Laterally the case came under our treatment and within a week the temperature went down to normal but rose to 100 in the evening. This leap was due to the formation of pus in the abscess cavity. The abscess of the left thigh was then operated upon by an Allopathic surgeon. On the day of operation the temperature rose to 105 but by the next morning fell down to normal. The abscess cavity was plugged with iodoform gauze and washed antiseptically. A week after when the abscess

cavity was almost healed up the temperature went up again to 103 and down to 101 with no remission. We were called in again and the first thing we did was to remove the plug. No medicine was administered during the course of the fever. The temperature was going down of itself daily and on the 5th or 6th day it was quite normal. So long the condition of the wound is very healthy there is very little need of such irritant applications, but if the pus be fetid and unhealthy looking, if there be putrefaction or some such condition present, these irritant lotions and applications may be useful. Even in these above-mentioned circumstances these irritants should be very sparingly used for otherwise they are sure to irritate the new healthy granulations and transform them into large flabby and unhealthy ones. Can nature retain in her body any foreign matter? No. She always tries her best to expel it from within herself. What are symptoms but the nature's failing attempt and cry for help and relief from outside. Have we not seen in our every day practice nature's effort to expell stone from gall-bladder and kidney, indigestible substances and hard acabalous from the bowels, in the form of colic, frequent minations and diarrhœa or a bullet from the tissue in the form of inflammation and suppuration? Have we not seen nature's success and failure in her effort when in the latter, help of drugs some other external agencies are necessary? How are these symptoms such as colic, diarrhœa and others produced? They are produced by the irritation set up in the mucous membrane or the surrounding tissue by the presence of a foreign body. The tubes, plugs &c. are the foreign bodies which by their direct contact with the newly formed proliferating granulation cells set up in them a sort of irritative inflammation. This irritation acts morbidly upon the proliferating cells in the following two ways :—(1) By arresting the growth and

gradually indurating the newly-formed cells and in this way the cells partly lose their life and are gradually transformed into a modified form of crude tissue ; and (ii) By stimulating morbidly the growing-up cells to abnormal and excessive proliferation and thereby the cells become slowly flabby, watery and frail. In the above way the abscess cavities are not completely filled up with granulation tissue or even when filled up they easily break down to form a sinus.

The surgeons of the old school even in the absence of putrifaction and fetidly suppurative conditions of a sore, are always in favor of these irritants for fear of sepsis, a phantom that has got a strong hold in their mind. Can iodoform, carbolic lotion and others save the wounds from their dangerously putrid condition, and protect the system from deep constitutional disturbances and complications ? For these are not the outcome of any external agencies but the outburst of a systematic poison fanned by the combined shock of operation. What is a disease ? Is it a thing of outside or inside ? Positively it is the result of morbid action ante in nature generated in the system fanned by some external morbid influences. Have we not seen acid, bile, sugar, albumen and the like as products of the healthy metabolism of the human system to keep up life, but unhealthy to kill it ? Do not these metabolic products whether morbid or healthy live together in the same cell and are they not an outcome of the same cellular action ? In the healthy metabolism no sooner these substances and the like are formed out of the food-material by the cellular action than are transformed into finer matter by the force of the vital-fire, which immediately enters into the formation, maintenance, growth, and development of the animal tissue. But in unhealthy metabolism where the vital fire is below normal due to some dietetic irregularities, and unhygienic and unfavourable environments,

they fail to convert the metabolic products immediately into tissue substances, so they (products) are reabsorbed in the circulation and stimulate in their turn the vegetative and excretory organs to excessive production and excretion of acid, bile, sugar, albumen and the like in a solid form. From the facts stated above it seems possible that the same or other metabolic poisons might be generated in the system, reabsorbed and flowing in the blood in the finest molecular shapes, not to be excreted as solid but as invisible substances undetectable by any human examination either microscopic or chemical. Now we come to this that healthy or cellular and oppositely morbid or anticellular action is generated in the cells themselves under certain favourable or unfavourable circumstances and health or disease is the result of a metabolic cellular action of opposite character. Should we then believe in the germs to cause disease? These germs found in the system are the out-spring of some putrifaction of the blood same as what happens in the out-side world, in the course of decomposition of animal and vegetable matter. They are simply the carrier and so also purifier of the poison of the blood and serve the same purpose as the nature's scavengers such as worms of putrifaction, vultures and crows do in the clearance of out-side filth. No amount of hygienic and antiseptic precautions can prevent such accidents. For what do we see in our ordinary practice? The wound that is taken much care of becomes putrid but that which is neglected is cured without any serious consequences. Above all, neatness, cleanliness, sterilized water, proper and methodical washing and bandaging are the superior elements in the healing of a wound to lots of irritant applications.

Here I am going to cite an example which goes so far as to prove the utter uselessness of applying second intention

of nature and the so-called antiseptic precautions in the healing of wounds and the usefulness of third intention without any blood-shed, lacerations and chloroform depression. This is not the outcome of my fervid imagination. In the year 1901 or so I went to Kishengunge, a subdivision, Dt. Purnea, to carry on my business as an allopathic practitioner. Through the intervention of the station staff I got a case of a serious nature. The patient was a "Kalu" 16 or 17 years old and had been suffering from the fell disease for a year or so. On examination I found in the patient a big swelling on the right half of the lower as well as upper abdomen below the last right rib and behind to the vertebral column. This swelling pressed so hard upon the vertebrae that there was a distinct bulging and tenderness on pressure in that situation. Two diseases came up to my mind, one illiac abscess corroding its way up and down and the other pott's disease i. e., caries of spine. The history of the case, the origin of the swelling and tenderness in the right illiac fossa; pointed to the former. On arriving at this diagnosis I had no other alternative than resort to knife. I had in my possession a small hand-bag which I still hold with pride, containing a few ordinary instruments such as scalpel, dressing forcep, director, probe, dissecting and artery forcep. This is all I had and with these few I made up my mind to carry on such a big operation. There I requested a native doctor to lend me his help during the operation and to supply me with dressing necessaries. He at first condescended to my opportune request but unfortunately on the day fixed for operation he gave me neither. I was put to unspeakable difficulty for I could not desist from operation in fear of losing my prestige there at the outset. But courage conquers and removes all difficulties in the way and pushes man to his goal. So I was bent upon operating the case

without any help and antiseptic precautions. I put the weak and emaciated patient on the "Chouki" and on his left side. I took a point on the Post-axillary line midway between the last rib and the crest of the ilium where the swelling was rather little more prominent. Directing the friends of the patient to catch hold of his hands, legs and head firmly, I gave an incision an inch long at right angles to the posterior axillary line, pressed and pushed in the dressing forceps immediately separating its limbs. No sooner the forceps were opened out, to my joy and utter admiration there was a gush of pus. The swelling then being properly squeezed, about two seers of pus came out of the abscess cavity. During the operation no counter opening was made and no tube was inserted in. The wound was washed simply with sterilized water and was plugged. As there was no medicine in my stock I simply prescribed a dram of "Vinum gallaci" to be taken every morning and evening in half an ounce of water. In this way such a big cavity was healed up within two months or so. Is it not by the third intention of nature that the cavity was filled up with granulations which coalesce with one another to form a hard solid mass of healthy tissue ?

Next I treated a case of bubo as an allopathic practitioner among one of the station staff. This I opened out thoroughly, lacerated within by my fingers and exhausted all antiseptic and corrosive methods of treatment such as iodoform dusting, plugging, washing with carbolic lotion, copper sulphate touching, scraping &c. With all these precautions I took a month and a half to get the bubo completely cured. Now if we compare the two cases abovementioned it is then we will see that the healing by nature's third intention is much more easy and safe than the second. So it is quite unnecessary to bleed, chloroform, lacerate and irritate by local applications where

simple incision and squeezing out of the pus are sufficient for complete recovery. To save human life is the only object with which an operation is taken up, but if by the knife three fourths of the life be exhausted at the outset, it is sure and positive that the remaining one-fourth, with all the best and skilful medical help, with hordes of stimulants, saline injection and oxygen inhalation, with regeme of diet such as raw meat juice, chicken-broth, whey and others and with all the artificial foods, dies out in its struggle with the disease or sinks gradually down in want of vital force that keeps the fire.

We have shown satisfactorily how the treatment of a wound by the second intention delays the healing process. Now we want to prove by a practical example how it checks the healing altogether. About four years ago a boy seven or eight years old, had an attack of small pox. After having recovered from this attack his right knee joint suppurated as a sequel to the fell disease. This boy is a son or nephew of one Gopal Lall Babu, a Marwari gentleman, residing at that time just opposite the Armenian Church, Barabazar. The point was operated upon by a renowned surgeon of Calcutta. With all his skill in operation and knowledge of antiseptic surgery the boy was not cured even within the period of two months. When the boy came under our treatment, we found him completely laid up with a hectic type of fever, quite emaciated, pale and anemic. There were two or three gaping wounds completely plugged with idoform gauge. The first thing what we did was to remove all the plugs and wash the wound carefully with hot water, and dress the wound without any plug or idoform dressing. In this way the boy was cured within a month and a half. What does this case show ? Apart from the dynamic power of the homeopathic drug what prevented

the healing? And what cured? Is it not the plug and the irritant applications that checked the healing process and no sooner those obstacles were removed than the wounds were healed up of themselves.

Lastly we will verify by the following practical cases how like the magician's wand the third intention of nature fills the abscess cavities with the healthy granulations and unites them together to form a mass of hard solid tissue.

1. Chandra Mohan Ray—Aged 32 years, 64-1 Machoa Bazar Street, Indian Soap Factory. Big Abscess on the left side of the neck. Third intention. No antiseptic precautions with small incision, cleanliness, observed.

2. Monomohan Sen—Aged 25 years, 64-1 Machoa Bazar Street, Indian Soap Factory. Suppurative gland of neck on the right side. Third intention. No antiseptic precaution with small incision, cleanliness observed.

3. Subodh Kumar Dass—Aged 18 years, 163-1, Upepr Chitpur Road, Perineal Abscess. Third intention. No antiseptic precaution, simple incision, cleanliness observed.

4. Nirode Gopal Dass—Aged 16 years, 163-1 Upper Chitpur Road. Bubo. Third intention &c.

5. Ambica Ch. Seal—Aged 20 years, Assist. Station Master, Big Maxillary abscess. Third intention &c.

6. Hemanta Kumar Thakurta—Aged 22 years, 349, Upper Chitpur Road, Sub Maxillary abscess. Third intention &c.

7. Prasanna Kumar Ghose—Aged 56 years, 55, Maniktola St. Big Bubo. Third intention &c.

8. Biseswar Roy—Aged 34 years, Pleader, Naogaon, Dist. Rajshahi. Big Sinus commencing midway between the internal point of the ankle joint and the heel to the middle of the calf behind. Third intention &c.

9. Khirode Nath Bose's son—Aged 11 years, Midnapur Bulloppur, Big Suppurated S. gland on both sides of the neck as big as cocoanut, Third intention &c.

20. Nibaran Ch. Chakrabutty—Aged 34 years, 21 Bolarami Day's Street. Scrotal abscess, Third intention.

All the above cases were cured within minimum seven days and maximum 15 days.

There are other cases of similar importance, but I do not feel need of mentioning them here.

The sad memory of the woeful scene of the surgical table strikes our conscience so much painfully as to induce us to pray and appeal to the human feelings of the surgeons to stop short and discuss in sober moments their own procedures of surgery and we pray to the Almighty to inspire them all with a feeling of pity and sympathy for the suffering humanity.

Contradiction is welcome.

Now I humbly beg to comment upon the conduct of the leading Homeopathic practitioners of Calcutta in a few words in the statement of surgical cases. Being a graduate of the Calcutta Medical College and trained up thoroughly in the applications of surgical principles with decision they should not take pride in saying that their knives are getting rusted. The allopathic surgeons and the homeopathic physicians are in the two extremes. The former are always for knife and the latter are never for it. No school adopts the golden middle. It is our firm conviction that knife is sometimes necessary. Depending always upon the drug action the new school spoils many surgical cases. For longer the pus is retained in the abscess cavity, the more is the suffering tissue involved and destructed. The timely incision and squeezing out of the pus save the implication and destruction of the surrounding healthy tissue and also save the patient from long continued suppuration, much pain and trouble. In some cases, due to some obstacles in the way such as hard skin, bone, ligament &c., the nature may not help the abscess

to point and to burst and the pus may take the easiest course and corrode internally where the knife is of vital importance.

A. C. Majumdar, L. M. S.

URTICARIA.*

EDWARD M. GRAMM, M. D.,

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Urticaria is a disease of the skin of angio-neurotic origin, characterized by the development of wheals, whose appearance produces itching, tingling, pricking and stinging sensations. Wheals are primary lesions produced by dilatation of the blood vessels of the derma followed by exudation of serum into the interstices of the connective tissue, and this by compression of the veins, with consequent inability of those vessels to absorb the lymph as they do under normal conditions. In consequence the skin becomes elevated in circumscribed areas that vary from the size of a pea to that of a bean. Their edge is pinkish while their centre is whitish, having the peculiar glistening appearance produced by distension of the skin by œdema. They usually are of a circular or oval outline, although they may be stripform, similar to the welt produced by a whip-stroke. At times, by a coalescence of the smaller circular or oval elements or by a spastic œdema affecting a large area, an extensive portion of the skin becomes elevated, producing the so-called giant wheal—the flanks and abdomen show this condition more than any other part of the body. Wheals are evanescent,

* Read before the Germantown Homeopathic Medical Society of Philadelphia.

coming and going capriciously. At no time are any persistent histological elements deposited at the site of their occurrence, hence the text-book classification of the disease as one of inflammatory character is incorrect. When they disappear no vestige of their prior existence is left behind. No lesion that remains in evidence more than a few hours, at the utmost can possibly be classified as a wheal. This point is of great importance in a differential diagnosis. It is usual to find in a patient affected by the disease, that the hands, face and ears have a swollen and reddened appearance (often with itching sensations there).

The disease ordinarily is acute in character, although cases exist in which it is chronic, made so by repeated outbreaks of wheals. In the latter variety the lesions may be decidedly smaller than in the acute, short type; they even may be small papules (these often are seen in children; and, too, when the disease is of the acute type), and give rise to an erroneous diagnosis.

In a patient affected by urticaria it is possible to produce wheal by a firm stroke over the skin with the finger-nail or by an instrument such as a lead pencil. It must be borne in mind, however, that a diagnosis of urticaria cannot be based upon the production of a reddish stripe. That can be produced in many inflammatory manifestations where the papillary layer is the site of pathological changes. A distinct wheal, with reddish edge and elevated, oedematous middle must appear in the course of a few moments to be diagnostic; with it there usually is some itching or tingling or both. I have seen this diagnostic measure applied and the red stripe pointed out as indicating the existence of urticaria where a close observation of the results produced easily ought to have demonstrated that no lesion resembling a wheal was brought out.

The profession long has been satisfied with the statement that many, if not most, of the cases are produced by the ingestion of certain articles of food, none of which are poisonous in the ordinary acceptation of the term, and to which the patient manifests an idiosyncrasy ; or to the ingestion of certain drugs ; or to the entrance into the system, through the skin, of certain animal or vegetable irritants. The chemical composition of the offending foods offers no solution of the problem why they should bear an etiological relationship to the disease, and it was not until the theory of anaphylaxis was promulgated that light was thrown on the subject. By "anaphylaxis we understand a condition of the organism due to a preliminary sensitization by a small dose of protein substance, followed by a condition of hyper-susceptibility on the part of the organism to repeated doses of this protein," (Wile). Up to the present time experiments with pork, crab meat and eggs have fully confirmed the possibility of the development of an anaphylactic or allergic condition of the system by those substances.

Still further, similar experiments with antipyrine, iodide of potash, bromide of potash and iodoform have proven that a state similar to anaphylaxis results from the administration of small dose of those drugs. Other drugs which have a marked tendency to provoke attacks of urticaria are arsenic, chloral, cinchonidine, copaiba, cubebs, glycerine, hyoscyamus, opium, and its alkaloids, quinine, salicylic acid and the salicylates, santonine, senna, sulfonal, turpentine, valerian, veronal, as well as the various vaccines including the antitoxines.

None of these have been submitted to the experimental tests which were given to the first four mentioned ; but, reasoning from analogy, who can doubt but that they can produce the anaphylactic state. Also, that according to the

theory mentioned it is possible to go a step farther and imagine the production of the anaphylactic or allergic state of the system by the external causes of idiopathic urticaria, i. e., stings of mosquitoes, lice, fleas, bed-bugs, gnats, wasps, caterpillars, and bees, as well as contact with the jelly fish, and the stinging nettle (*urtica urens* and *dicica*).

Observation of many cases of urticaria has led me to the conclusion that disorders of the general system, such as disorders of the uterus, the kidneys and the nervous centres, dentition, pregnancy, the menopause, malaria, rheumatism and intestinal parasites, play an exceedingly small role in the production of the disease, and that its inception must be traced to a gastro-intestinal insult, best explainable at the present time by the theory of anaphylaxis.

The practical point resulting from an acceptance of this theory is that it makes the investigation of the cause of the trouble comparatively easy. For a long time past I have instructed patients who are sufferers from urticaria to write down the food-stuffs they ingested the previous six meals before the outbreak of the wheal and have studied the combinations they put in their stomachs for a solution of the problem ; for, it must be mentioned that at times it is not a certain article of food that produces an attack but the chemical combination resulting from a mixture of some of them. Then I carefully inquire whether they recollect having at any time had an upset of the digestion from each of the combinations or from an overplus of any single article of food which they ate. Usually much enlightenment will result from this procedure and the physician is placed in the position of being able to give intelligent advice for the future.

So far as the differential diagnosis is concerned, the main trouble which resembles urticaria is erythema multiforme ;

but the fact that the lesions of the latter usually develop symmetrically, vary much in configuration the one from the other that they do not have the paler, œdematous middle and that they remain in evidence much longer than urticaria wheals (often for days), and that they do not produce the marked subjective sensations of wheals, should prevent any confusion.

Now, what shall we say as to treatment ! It, of course, is following the path of wisdom to empty the stomach of offending material by an emetic or the intestines by a purge if we are asked to give relief when such is present ; but it exceedingly rarely occurs that the patient comes to us at such a time. On that account the totality of the symptoms must guide us to a selection of the internal remedy and the violence of the subjective sensations to the exhibition of local measures. The laity long have successfully employed vinegar, alcohol or the stronger alcoholic beverages and bicarbonate of soda solution. Where these have failed to give relief and where it must be given in a hurry, lotions containing carbolic acid, menthol, thymol or chloral hydrate come into play.

Very hot or very cold dishes and drinks should be avoided, as should also the food-stuffs which are found to have an etiological relation ; in fact, the diet should be reduced to a very simple one for a time.

A wealth of internal remedies is at our command for exhibition according to the indications presented by individual patients ; and it is a fact that the administration of the potentized remedy will bring about 'gratifying results, although my observation leads me to believe that in many acute cases the exciting cause must expend its energy before the cure will be accomplished. However, when the properly selected remedy does act, a cure results, or, to speak in the

terms of the theory, the anaphylactic or allergic state is neutralized and no further outbreaks occur. Dearborn believes that apis, arsenicum, antipyrine, ledum, natrum muriaticum, copaiba and urtica urens are the remedies that are most often required, mentioned in the order of frequency with which they are indicated. Our old friends dulcamara and nux vomica are not in this list and there are many others that have done yeoman service where their symptoms were present. It, nevertheless, must be understood that the only way to prescribe for urticaria, as well as all other maladies, is not to approach the case as a case of urticaria but as a disorder that calls for whatever remedy is indicated by the symptoms and not by the disease as a pathologic entity.

In conclusion, I would say that I have not endeavored to give a text-book exposition of the malady under consideration but to direct your thoughts in a direction that may be new to some.

—*The North American Journal of Homeopathy.*

PICRIC ACID.

[*Brain fag, Softening of the brain, Meningitis, headache, Locomotor ataxia, Myelitis, Neurasthenia, Sexual debility. Spinal irritation, Pain in the back, Boils, Diabetes, Diarrhoea, Insanity, Paralysis, Anæmia, Burns, Erotomania, Pain in the base of the brain, Hæmoglobinuria, Leucocythæmia, Lumbago, Ill effects of sexual abuse, &c.*].

Picric acid is a great explosive and like all explosives it combines great energy and potentiality with small volume. In the material world they make use of this potentiality in accomplishing different feats, such as blusting big rocks and other tasks requiring great display of force and violence. It is no wonder then that such an agent should be used as medicine to accomplish greater tasks of regulating the deviation of our vital force.

Picric acid exists as bright yellow; glistening crystals. It has no odor, but it has a very bitter taste. They are soluble in boiling water and alcohol and in the commercial world it is utilized as a dye to color wool, silk and other animal tissues.

We get picric acid by the action of the Nitric ac. on such organic substances as indigo, silk, etc. But it is generally prepared by gradually adding Carbolic acid. to strong Nitric acid. and then boiling the compound. On cooling Picric acids are found as yellow crystals in the bottom. Then one part by weight of this pure Picric acid is dissolved in ninety-nine parts by weight of distilled water and we get our first centesimal potency.

The first and the foremost use that we think of making of Picric ac. is in the case of individuals that suffer from great *debility, weakness, langor and exhaustion*. This prostration is continually on the increase. From a mere fatigue and tired feeling it may amount to real paralysis. At first it manifests itself by headache, vertigo, burning of the spine, etc. *The least exertion mental or physical brings on his attacks*. As a consequence he is disinclined to work of any kind. When he can stand he will not run, when he can sit down, he will not stand and when he can lie down he will not sit up. This very aptly describes the real temperament of our patient. There are other remedies such as Arsen, China, Con, Calc, Gels, Iod, Nat. c, Phos, Phos. ac, Sel, Sulph, wherein we find a similar prostration but they are each one of them different from the rest.

In *Arsen.* the prostration, which is much greater than in Pic. ac and of a different sort altogether, is due to organic involvement and our patient is in a much more critical condition, whereas in Pic. ac. it is a sort of a gradual but a wholesale decline more of the nature of enervation than anything.

Our *China* patient is very poor in blood and the weakness is due to *great loss of vital fluid* in the shape of seminal emissions, hemorrhages, diarrhoea, profuse perspiration, etc.

Weak though be our *Calc and Selen* patient, it is more pronounced *after each act of coition*. In these patients every embrace causes languor, trembling of extremities, weariness and headache and they feel this *exhaustion more in the morning*.

Con. combines muscular prostration with nervous exhaustion. The weakness is accompanied by *trembling*. He is so weak that he feels exhausted and faint after a short walk. This debility is to be accounted for by old age or such pernicious habits as masturbation or zymotic diseases.

The pot-bellied *Sulph.* and the emaciated *Iod.* complain of exhaustion more during hunger and it disappears when the hunger is satisfied.

Our *Selenium* patient who has indulged in sexual excesses, with dribbling of prostatic fluid at stool and of semen during sleep is like the *Nat. c.* patient exhausted from the effect of the sun.

Last of all we come to *Phos.* and *Acid Phos.* These two remedies go hand in hand in all nervous affections and they resemble *Pic. ac.* more closely than any that we have yet mentioned. The weakness and trembling, the burning, the clouding of the sexual atmosphere, all speak of the semblance in the three remedies but the difference between them can hardly be overlooked. *Phos. ac.* is the most adynamic of these three remedies. The apathy, the indifference, the listlessness of this can hardly be equalled.

With the weakness *Phos.* combines great irritability as shown by its sensitiveness to all external impressions.

This fagged condition of the brain may, if neglected, lead

to a still serious condition in the shape of the softening of the brain. This induces paralysis according to the region involved. We have watched animals poisoned with this acid. The first symptom to manifest itself is a weakening of the muscular system, this weakness gradually developing into paralysis, especially of the hind legs. Autopsies revealed a general softening of the brain and the cord. Such pathological observations prove beyond doubt that Pic. ac can be a very powerful remedial agent in the above conditions ; but as symptoms are a surer guide to the choice of the remedy, we will take up the symptomatology of this remedy indicating it in spinal and *cerebellar* softening. During the first stage the patient complains of intense headache from the least *mental exertion*. He keeps his legs wide apart when standing and he looks at objects so steadily that it seems he is unable to make them out. His limbs become too weak to support his body and his *will power too seems to be quite suspended*.

Sometimes he suffers from real mental aberration. He looks like a total imbecile, with entire suspension of reason and memory. He sits still without taking interest in any thing.

That one symptom of all the symptoms from which he seems to be a constant sufferer is headache and it accompanies him in almost any trouble he may be suffering from. It is generally an *occipital headache* with its peculiarity of *aggravation from the least overwork and excitement*. This headache either extends down the back or forwards into the supra-orbital foramen and thence into the eyes. It is relieved by lying flat on the back and keeping quiet and is worse from motion, especially going up stairs.

We cannot very well omit the sexual condition of our Pic. ac patient. The general run down condition of his nervous system also manifests itself in his sexual sphere. Beginning with a morbid excitement he gradually verges

towards impotence. In the first stage he suffers from violent, strong and long lasting erections. They are sometimes so hard that he fears the rupture of his penis. These erections are followed by profuse seminal emissions. With this he combines backache. His back seems to be the weakest part of his body. It is much worse while sitting than walking or standing in the house, but is worse while walking out of doors. His lower limbs feel *heavy* with the occasional sensations of formication and needle pricks in the legs.

There are quite a few other remedies, such as Canth, Caps., Can. Ind, Eryag. agnat, Mygate, Phos, etc. that resemble Pic. ac. in regard to its priapism.

Oxal. ac. comes very close to Pic. ac. in its sexual debility. He also gets erections but these come on mostly on lying down without any cause. He also complains of pain or rather a heaviness in his occiput, but the symptoms to mark the difference are that instead of a heaviness in the lower limbs he complains of a *dullness* and that the parts look blue. The pains he gets are in *small spots* and they are *worse when he thinks about them*.

Pic. ac. presents a perfect picture of diabetes. With his already existing exhaustion he combines a high-colored urine of high specific gravity. It is full of albumen, sugar, Phosphates and Uric acid. His feet are cold and chilly and they are always covered with clammy sweat. This shows we must not always run to Camph. and Carb. Veg. on finding a cold limb covered with a cold sweat. There are other remedies and we must always prescribe on the totality of the symptoms.

Dr. Halbert reports of a case in the "*clinique*" of a lady aged about 49 years whom he cured with Pic. ac. 6x. Her condition was thoroughly broken down. She suffered from loss of appetite, copious urination, exhaustion, backache,

brain-fag, etc. The specific gravity of her urine was 1040, and she had $7\frac{1}{2}$ p. c. of sugar.

Dr. Thery of Paris recommends Pic. ac. very highly for burns of the first and the second degree. A saturated solution (90 grains of Pic. ac. to each 3 ounces of alcohol) diluted with one quart of water is advised. The burnt area is first bathed with this solution and then stripes of sterilised gauze soaked with it, should be applied over the parts.

Last of all we will close with the skin symptoms of this remedy. We have *boils* under this heading and they are small and mostly *in the auditory meatus*. Calc. Picr. too has a similar symptom.

The locations of boils and eruptions are always important considerations in prescribing. Thus, for example for *boils on the tip of the nose* we think of *Acon.* and *Ananth*; for *boils above left eye* *Nat. m.*; for *boils in axilla* *Lyc.* and *Phos.*; for *boils on chest* *Phos.*; for *boils on arms* *Petr.*; for *boils on hands* *Lyc.*; for *boils on thighs* *Hyos.*, *Ign.*, *Lyc.*, *Petr.*; for *boils on calves* *Sil*; for *boils on sole of foot*, *Ratan.*, etc.

LYCOPUS VIRGINICUS.

[*Pericarditis, Aneurism, Hæmoptysis, Rheumatism of the heart, Palpitation, Exophthalmus, Headache, Vertigo, Neuralgia of the testes, Myalgia, Toothache, Pain in spleen, Diarrhœa, metrorrhagia, Cough, Rheumatoid pains, Fainting, Urticaria, etc.*]

In common name this herb is known as the bugle-weed or the Virginia hoarhound. It grows plentifully all round the year in the bogs and swampy lands of the United States of America. The tincture is made from the fresh plant when it flowers by adding two parts by weight of alcohol to the chopped and pounded plant. This remedy was first proved by Drs. Chandler and Morrison.

Lycopus is a remedy for which I will always have a grateful regard in consideration of the useful service it rendered me sometimes ago in a case of valvular disease of the heart. The poor patient was in a very wretched condition. His heart beat generally slow and weak, was tumultuous and forcible when he attempted to do any hard work, such as climbing steps or the like. At such times he would almost feel faint and his heart-beats would be heard even from distance. Various remedies were tried, such as Digit., Cactus, Spig., but they were all tried in vain till he had Lycopus. It gave him such relief that he thought himself practically cured and went back to his work.

Very often these patients show signs of exophthalmus. Their thyroid glands become enlarged and they suffer from pains, tachycardia and tremor. Their eye-balls protrude, this protrusion sometimes becoming so great as to amount to a practical dislocation of the eye-balls from their sockets.

Lycopus is a great remedy for erratic pains. Generally the pain begins on the left side, jumps from place to place and at last returns to its original site. It is better from warmth

but worse from cold air and movement. We will do well to compare this remedy with Kali bich., Lac., Can., Led. and Puls. because the resemblance between them is very great indeed.

In Kali-bich the pain shifts like that of Lycopus but it is a pain that is generally in *small spots* and can be covered up with the tips of fingers.

Lac. can is great for this changibility and erratic nature of the pains. Like Lycopus it begins on the left side but it changes its locations much more frequently than Lycopus.

In Ledum too the pain shifts but it shifts downwards.

Last of all we come to Pulsatilla. Here the pain which is erratic in nature is accompanied by chill and shivering, the intensity of which is determined by the intensity of the pain.

Another peculiarity about this Lycopus pain is that the patient is aware of it when he thinks about it. Thus it forms a valuable trio with Oxalic ac. and Helon.

Sometimes the pain assumes a rheumatoid character affecting the heart and then it is something which we must be cautious about. It is more of a sort of aching in precordial region and at apex ; but the peculiarity about it, that will help us very often to distinguish this from other remedies, is that the pain shifts from there to the left wrist and inner side of right calf, and then coming back to its original location. Many of the important symptoms of this remedy are similarly characterized. Thus for example in testicular pains we have shifting of the pain from the testicle to the supra-orbital region. Sometimes these pains keep constantly shifting from one testes to the other.

Hamamelis comes very close to Lycopus in testicular pains. The patient gets a sort of a dull aching in the testes. It is more a bruised sensation, a sore feeling than a real pain that distinguishes this remedy from other sister remedies.

Lycopus has some very important symptoms in the urinary sphere. The specific gravity is much diminished and the urine shows deposits of mucus, *epithelial* scales, abundance of spermatozoa and oxalate of lime crystals. Sometimes the urine gets very thick and scanty and is accompanied by œdema of feet. Another peculiarity that we must mention, is that, so long as his bladder is full it does not trouble him at all, but as soon as he passes urine and the bladder becomes empty he feels a great distended sensation of that organ.

Now we come to the symptoms of the remedy as manifested in the female sexual organs. The menses is very scanty lasting from half an hour to six hours, intermitting for ten or twelve days. We have a similar menstruation in *Euphrasia* where it lasts about an hour and is very painful.

Lycopus has been used with great success in consumption. It is called for when the tickling cough is accompanied by hæmoptysis and tumultuous heart action. Hale recommends it highly and regards it as a great palliative in those advanced cases where it does not cure.

ERIGERON CANADENSE,

[*Epistaxis, Hæmatemeses, Ecchymoses, Hæmoptysis, Dysentery, Menorrhagia, Metrorrhagia, Dysuria, Gonorrhæa, Phthisis, Rheumatic pains, Placenta prævia, etc.*]

This is an annual plant that grows plentifully all over the world in fields, commons, and glades. It grows in such profusion that it is regarded as a very troublesome weed by the farmers. It flowers in July and August. The medicine is prepared from the whole plant when in bloom. It was first proved by Dr. W. H. Burt of United States. It is known by various names such as fleabane, daisy, field-weed, Mare's-Tail, etc.

Time without number have I had occasions to use this remedy and they were mostly in cases of bad hæmorrhages, and I must say I was rarely disappointed. It is a remedy good for hæmorrhages of all kinds, but like all our homeopathic remedies it must be used with discretion and the discretion consists in prescribing on the totality of symptoms with due difference to the singular and the peculiar ones amongst them. The hæmorrhage that we get in this remedy, it matters not where it is from, is characterized by the bright redness of the discharge.

Thus for example hæmatemeses arising from gastric ulcer and rupture of blood-vessels in stomach may be helped by this remedy. In epistaxis and hæmorrhage from the bowels I have used this remedy with great advantage. Sometimes we get great benefit by the local application of the tincture. Not very long while ago a gentleman came to me for hæmorrhage from the anus. On examination I found him suffering from bad fissures in the rectum. The hæmorrhage was very profuse. I tried various remedies but not with much satisfactory result, till I had to take recourse to

Erigeron which I applied locally by means of gauze soaked in the drug inserted into the rectum.

It is good for bright red hæmorrhage from the uterus. But this is still putting it very vague, for there are innumerable other remedies with bright red uterine hæmorrhage ; the indication that I deem very important is the association of this hemorrhage with dysuria and irritation of rectum. There are a few other remedies which require consideration here. One of them is *Mitchella repens*. The bright red hæmorrhage from the engorged uterus is associated with dysuria but unlike *Erigeron* the flow is in a continuous stream.

And another is *Phosphorus*. This is one more of our great hæmorrhagic remedies. The menses is almost always preceded by leucorrhœa and a sad melancholy mood. She feels like weeping and is troubled with frequent desire to urinate.

A third is *Sarsaparilla*. In this remedy too we meet with a similar *frequent desire to urinate which ceases* as soon as the flow is established. Another important feature of this remedy is that micturition is followed by almost unbearable pain. The menses is ushered in by a few itching eruptions on the forehead.

Senecio is another remedy that claims this association of dysuria with menses. She complains of burning pain in the neck of the bladder before menses giving rise to much tenesmus. We find this remedy indicated mostly in nervous women who suffer from sleeplessness due to prolapsus or flexion of the uterus. She is much subject to catarrh of the nose, throat, and lungs and she gets hemoptysis in place of menses.

We must not suppose that *Arnica* and *Sulph* are our only remedies for ecchymoses upon the eye-balls or around the eye or in fact upon any part of the body from a blow.

Erigeron comes in for this symptom just as much as the aforesaid remedies.

Sometimes during dentition of children we meet with great difficulty in passing water. They want to urinate very frequently and they cry as they pass, water. Whatever may be our explanation of this symptom it is true that Erigeron cures it. Lycopodium is another remedy where the child cries during *micturition* and the napkin is stained red.

With a word more I will close and it is that Erigeron is good for Placenta Prævia. Dr Wilmot Moore reports a few cases in which with its trituration he saved a few cases of placenta prævia.

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